

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
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 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>			

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	For more details and the CPT codes that require prior authorization, please visit UHCCCommunityPlan.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>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 not a covered benefit.</p>	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<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>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</p>	11960 14040* 15830 17108 21139 21180 21184 21260	11971 14060* 15847 17999 21172 21181 21230 21261	13101* 14301* 17106 21137 21175 21182 21235 21263	13132* 15823 17107 21138 21179 21183 21256 21267

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																																																			
Cosmetic and reconstructive procedures (cont'd)	in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	21268 21295 21743 30545 67901 67906 67912 67917 67924	21275 21552* 21931* 30560 67902 67908 67914 67921 67950	21280 21740 28344 30620 67903 67909 67915 67922 67961	21282 21742 30540 67900 67904 67911 67916 67923 67966																																																																																
Dental services	For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208 .																																																																																				
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 UHCCCommunityPlan.com > For Health Care Professionals > Arizona > Claims and Member Information.																																																																																			
Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or a cumulative rental cost of more than \$500	To request DME items, please call Preferred Homecare at 800-636-2123 . These DME items are <u>not</u> covered by Preferred Homecare: <ul style="list-style-type: none"> • Bone stimulators • Diabetic supplies • Enclosed beds • Insulin pumps • Percussion vests • Specialty beds • Wound vacs Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	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. <table border="0" data-bbox="1078 1247 1516 1948"> <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>E0620</td><td>E0636</td><td>E0637</td><td>E0638</td></tr> <tr><td>E0641</td><td>E0642</td><td>E0650</td><td>E0651</td></tr> <tr><td>E0652</td><td>E0656</td><td>E0667</td><td>E0668</td></tr> <tr><td>E0669</td><td>E0670</td><td>E0673</td><td>E0675</td></tr> <tr><td>E0691</td><td>E0692</td><td>E0693</td><td>E0694</td></tr> <tr><td>E0700</td><td>E0710</td><td>E0745</td><td>E0766</td></tr> <tr><td>E0782</td><td>E0783</td><td>E0784</td><td>E0947</td></tr> <tr><td>E0948</td><td>E0984</td><td>E0986</td><td>E1002</td></tr> <tr><td>E1003</td><td>E1004</td><td>E1005</td><td>E1006</td></tr> <tr><td>E1007</td><td>E1008</td><td>E1009</td><td>E1010</td></tr> <tr><td>E1011</td><td>E1018</td><td>E1030</td><td>E1035</td></tr> <tr><td>E1036</td><td>E1085</td><td>E1086</td><td>E1089</td></tr> <tr><td>E1090</td><td>E1130</td><td>E1140</td><td>E1161</td></tr> <tr><td>E1220</td><td>E1229</td><td>E1230</td><td>E1231</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	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
A9900	A9999	E0193	E0194																																																																																		
E0265	E0266	E0270	E0277																																																																																		
E0300	E0302	E0304	E0328																																																																																		
E0329	E0445	E0457	E0460																																																																																		
E0465	E0466	E0470	E0471																																																																																		
E0472	E0483	E0485	E0486																																																																																		
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																																																																																		

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>		E1232 E1236 E1250 E1300 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2628 E8001 K0008 K0108 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898	E1233 E1237 E1260 E1310 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2616 E2629 E8002 K0011 K0553 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899	E1234 E1238 E1285 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2626 E2630 K0005 K0013 K0554 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 S1040	E1235 E1239 E1290 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2627 E8000 K0007 K0014 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</p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																												
<p>Enteral services/parenteral/oral (cont'd)</p>		<p>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>																												
<p>Experimental and investigational</p>	<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>	<table border="1"> <tr> <td>0191T</td> <td>33477</td> <td>36514</td> <td>54240</td> </tr> <tr> <td>55866</td> <td>61863</td> <td>61864</td> <td>61867</td> </tr> <tr> <td>61868</td> <td>61886</td> <td>62264</td> <td>62290</td> </tr> <tr> <td>62291</td> <td>62292</td> <td>64555</td> <td>64722</td> </tr> <tr> <td>66180</td> <td>95965</td> <td>95966</td> <td>95967</td> </tr> <tr> <td>95978</td> <td>A4638</td> <td>A9274</td> <td>A9276</td> </tr> <tr> <td>A9277</td> <td>A9278</td> <td>E1831</td> <td></td> </tr> </table>	0191T	33477	36514	54240	55866	61863	61864	61867	61868	61886	62264	62290	62291	62292	64555	64722	66180	95965	95966	95967	95978	A4638	A9274	A9276	A9277	A9278	E1831	
0191T	33477	36514	54240																											
55866	61863	61864	61867																											
61868	61886	62264	62290																											
62291	62292	64555	64722																											
66180	95965	95966	95967																											
95978	A4638	A9274	A9276																											
A9277	A9278	E1831																												
<p>Eye care/optometry</p>	<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>For member eye care services, please call Nationwide Vision at 800-481-2779.</p>																												

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



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Eye care/optometry (cont'd)	<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>				
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
Hearing services Hearing evaluations and hearing aids	<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>Prior authorization required</p>	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	<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>	49505 49651 49655	49585 49652	49587 49653	49650 49654
Home health care services	Prior authorization required for the codes identified	G0299	G0300	S9123	S9124

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Incontinence supplies	To request services and/or supplies, please call Preferred Homecare at 800-636-2123 .	T4521 T4522 T4523 T4524 T4525 T4526 T4527 T4528 T4529 T4530 T4531 T4532 T4533 T4534 T4543
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 .
Injectable medications	Prior authorization required for the codes identified	Acthar® J0800 Botox® J0585 J0586 J0587 J0588 Cerezyme®** J1786 Cinqair® J2786 ElELYso®** J3060 Exondys 51™** C9484 IVIG J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Lemtrada® J0202 Makena®* J1725 J2675 Nucala® J2182 Probuphine® J0570 Soliris®** J1300 Spinraza™**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																												
Injectable medications (cont'd)		<p>C9489</p> <p>Synagis^{®**} 90378</p> <p>Unclassified^{***} J3490 J3590</p> <p>VPRIV[®] J3385</p> <p>Xolair^{®**} J2357</p> <p>*For Makena prior authorization, please fax 888-899-1499. Fax forms are available at UHCCCommunityPlan.com > For Health Care Professionals > Arizona > Provider Forms > Additional Forms > Makena Prior Authorization Form.</p> <p>**For Cerezyme, Elelyso, Exondys 51, Soliris, Spinraza, 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, Radicava 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	<table border="0"> <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																												

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



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Miscellaneous – hardware removal	<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>	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	<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
Orthotics and prosthetics: more than \$500 Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	<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>	L0112 L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 L1730 L1820 L1834 L1845 L1860 L2000 L2030 L2038	L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1830 L1836 L1846 L1945 L2005 L2034 L2060	L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1810 L1831 L1840 L1847 L1950 L2010 L2036 L2106	L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1812 L1832 L1844 L1850 L1970 L2020 L2037 L2108

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>	<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. 	L2126 L2510 L2628 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3967 L3976 L4000 L4360 L4392 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5681 L5701 L5706 L5722 L5780 L5812 L5822 L5830 L5856 L5950 L5964 L5979 L5984 L5990	L2128 L2525 L2999 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3971 L3977 L4010 L4361 L4394 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5682 L5702 L5707 L5724 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5980 L5986 L5999	L2136 L2526 L3000 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3973 L3978 L4020 L4386 L4396 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5683 L5703 L5716 L5726 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5981 L5987 L6000	L2350 L2627 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3961 L3975 L3999 L4350 L4387 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5700 L5705 L5718 L5728 L5811 L5818 L5828 L5848 L5930 L5962 L5976 L5982 L5988 L6010

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>		L6020 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8499 L8612 V2627	L6026 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405	L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7499	L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8035 L8043 L8047 L8610 V2623
<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> Prior authorization not required Outpatient speech therapy is not a covered benefit. Occupational therapy is covered in an inpatient or outpatient setting. Outpatient</p>	92508 92524	92521 92526	92522 S9152	92523 92507

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																												
<p>Outpatient therapy – occupational and speech therapy (cont'd)</p>	<p>occupational 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>For QMB members:</p> <p>Covered for unlimited visits when medically necessary</p>																													
<p>Outpatient therapy – physical therapy</p>	<p>For members younger than age 21:</p> <p>Prior authorization required after the 12th visit</p> <p>Physical therapy is covered in an inpatient or outpatient setting. No benefit limits apply.</p> <p>For members age 21 and older:</p> <p>Prior authorization not required</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>For QMB members:</p> <p>Covered for unlimited visits when medically necessary</p>	<table border="0"> <tr> <td>97010</td> <td>97012</td> <td>97014</td> <td>97016</td> </tr> <tr> <td>97018</td> <td>97022</td> <td>97026</td> <td>97028</td> </tr> <tr> <td>97033</td> <td>97034</td> <td>97039</td> <td>97110</td> </tr> <tr> <td>97112</td> <td>97113</td> <td>97116</td> <td>97124</td> </tr> <tr> <td>97140</td> <td>97161</td> <td>97162</td> <td>97163</td> </tr> <tr> <td>97164</td> <td>97165</td> <td>97166</td> <td>97167</td> </tr> <tr> <td>97168</td> <td>97799</td> <td>G0129</td> <td>S8990</td> </tr> </table>	97010	97012	97014	97016	97018	97022	97026	97028	97033	97034	97039	97110	97112	97113	97116	97124	97140	97161	97162	97163	97164	97165	97166	97167	97168	97799	G0129	S8990
97010	97012	97014	97016																											
97018	97022	97026	97028																											
97033	97034	97039	97110																											
97112	97113	97116	97124																											
97140	97161	97162	97163																											
97164	97165	97166	97167																											
97168	97799	G0129	S8990																											
<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”</p>	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: 800-310-6826 Fax: 866-940-7328</p>																												

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization								
Pharmacy drugs (cont'd)	<p>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 specialty pharmacy prior authorization, please fax 866-940-7328. Fax forms are available at UHCCCommunityPlan.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>								
Pregnancy termination	<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 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>	<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							
Private duty nursing	<p>Prior authorization required for the codes identified</p>	<table border="0"> <tr> <td>T1002</td> <td>T1003</td> </tr> </table>	T1002	T1003						
T1002	T1003									

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
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	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 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 . For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Arizona > Radiology > CPT Code List.			
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
		30465			
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		
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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont'd)		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	<u>For all members younger than age 21:</u>	52601	52630	52647	52648
	Prior authorization required	52649	55250	55450	55801
	Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.	55821	55831	58150	58180
		58200	58210	58240	58260
		58262	58263	58267	58270
		58275	58280	58285	58290
		58291	58292	58293	58294
	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.	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		
	Tonsillectomy and adenoidectomy	Prior authorization required for the codes identified if performed in an outpatient hospital setting	42820	42821	42825
Prior authorization not required if		42830			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
Tonsillectomy and adenoidectomy (cont'd)	performed at a participating ambulatory surgery center																																																													
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="1"> <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		
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																																																													
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>	<table border="1"> <tr><td>43235</td><td>43239</td><td>43249</td><td></td></tr> </table>	43235	43239	43249																																																									
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>	<table border="1"> <tr><td>50590</td><td>52000</td><td>52005</td><td>52204</td></tr> <tr><td>52224</td><td>52234</td><td>52235</td><td>52260</td></tr> <tr><td>52281</td><td>52310</td><td>52332</td><td>52351</td></tr> <tr><td>52352</td><td>52353</td><td>52356</td><td>55040</td></tr> <tr><td>55700</td><td>57288</td><td></td><td></td></tr> </table>	50590	52000	52005	52204	52224	52234	52235	52260	52281	52310	52332	52351	52352	52353	52356	55040	55700	57288																																										
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	<table border="1"> <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																																																											

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



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization												
<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>												