

**Prior Authorization Requirements for
AZ Children’s Rehabilitative Services (CRS)
Effective October 1, 2017**



General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan of Arizona Children’s Rehabilitative Services (CRS) 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 UHCCommunityPlan.com > For Health Care Professionals > Arizona > Provider Forms.

Important Information

- Specialty care services are those provided for a specific CRS condition listed on the Master Diagnosis List at **UHCCommunityPlan.com** > For Health Care Professionals > Arizona > Provider Forms > CRS Master Diagnosis List.
- Specialty care services rendered outside the Multi-Specialty Interdisciplinary Clinic (MSIC) for conditions listed on the Master Diagnosis List require prior authorization, with the exception of certain radiology services. If the specific CPT code is listed on the radiology list of codes, then it requires prior authorization. Please visit **UHCCommunityPlan.com** > For Health Care Professionals > Arizona > Radiology > CPT Code List.
- Primary care services for CRS Fully Integrated and CRS Partially Integrated Acute members don’t require prior authorization when provided by a CRS contracted care provider.
- Primary care services for CRS Partially Integrated Behavioral and CRS Only that aren’t related to a CRS condition should be redirected to the member’s Acute Medicaid health plan.
- Services provided by **non-network** health and **out-of-state** care providers require prior authorization and documentation supporting the out-of-network request.
- **All rendering providers, facilities and vendors** must be actively registered with Arizona Health Cost Containment Care System (AHCCCS).
- Members must be eligible at the time a covered service is rendered.
- Authorization isn’t a guarantee of payment – billing guidelines must be met.
- **Only** medically necessary, cost effective, and federally- and state-reimbursable services are covered services, as outlined by AHCCCS.

Important Reminders

- Out-of-network physicians, facilities and other health care providers must request prior authorization for all services.
- All services must be covered benefits as outlined and defined by AHCCCS for one of the four CRS plan types in the following list.

Children’s Rehabilitative Services (CRS) Plan Type Definitions

CRS Fully Integrated	Members receive all CRS and acute health plan benefits, and behavioral health services provided by UnitedHealthcare Community Plan.
CRS Partially Integrated Acute	American Indian (AI) members receive all CRS and acute health plan benefits from UnitedHealthcare Community Plan, but get behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA).
CRS Partially Integrated Behavioral Health (BH)	Comprehensive Medical and Dental Program (CMDP) and Developmentally Disability (DD) members receive CRS benefits and behavioral health services from UnitedHealthcare Community Plan. Acute health services are covered by the primary program of enrollment. For DD members, the primary program may be UnitedHealthcare Community Plan or another contractor. Coverage: CRS and behavioral health conditions only; please contact the

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<p>CRS Only</p>	<p>member’s primary Acute Medicaid health plan for other medical services.</p> <p>Members receive all CRS benefits from UnitedHealthcare Community Plan, acute health services from the primary program of enrollment, and behavioral health services from:</p> <ul style="list-style-type: none"> • A T/RBHA for CMDP and DD members • A T/RBHA for AIHP members. CRS Only also includes ALTCS/EPD and American Indian Fee for Service members <p>Coverage: CRS conditions only; please contact the member’s primary Acute Medicaid health plan for other medical services.</p>
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<p>Procedures and Services</p>	<p>CRS Fully Integrated & CRS Partially Integrated Behavioral Health – Additional Information and/or How to Obtain Prior Authorization</p>	<p>CRS Partially Integrated Acute & CRS Only – Additional Information and/or How to Obtain Prior Authorization</p>
<p>Behavioral health services Behavioral health services through a contracted behavioral health network</p>	<p>Prior authorization required for the following services:</p> <ul style="list-style-type: none"> • Acute inpatient admission • Residential treatment center – Level 1 • Residential behavioral health facility – Level II group home • Out-of-state services • Neuropsychological testing • Services provided by a non-contracted provider • Home Care Training Client– S5109 <p>For prior authorization, please call 866-604-3267 or fax 888-899-1499. Fax forms are available at UHCCommunityPlan.com > For Health Care Professionals > Arizona > Provider Forms > CRSPrior Services Request Form.</p>	<p>For prior authorization, please call the appropriate Regional Behavioral Health Authority (RBHA) or Tribal Regional Behavioral Health Authority (T/RBHA) Member Services number.</p> <p>RBHA: Cenpatico Integrated Care (CIC) – Cochise, Gila, Graham, Greenlee La Paz, Pima, Pinal, Santa Cruz, Yuma Counties: 866-495-6738</p> <p>Mercy Maricopa Integrated Care (MMIC) - Maricopa County: 800-564-5465</p> <p>Health Choice Integrated Care (HCIC) – Apache, Coconino, Mohave, Navajo - Yavapai Counties: 800-640-2123</p> <p>UnitedHealthcare Community Plan CRS - All Counties: 800-348-4058</p> <p>UnitedHealthcare Community Plan Medicaid/Medicare enrolled members - All Counties: 800-348-4058</p> <p>T/RBHA: Apache White Mountain: 520-879-6060</p> <p>Colorado River: 928-669-3256</p> <p>Gila River: 888-484-8526, ext. 7100</p> <p>Navajo Nation: 928-729-4349</p> <p>Pascua Yaqui: 520-879-6060</p>

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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 not a covered benefit.</p> <p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p>	<p>Prior authorization required for CRS condition-related services only</p>	

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Allergy immunotherapy (cont'd)	<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. <p><u>Prior authorization is required for these situations.</u></p>					
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	Prior authorization required for CRS condition-related services only	43644 43770 43846 43882	43645 43775 43847 64590	43648 43842 43848	43659 43845 43860
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	Prior authorization required for CRS condition-related services only	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing	Prior authorization required	Prior authorization required for CRS condition-related services only Please contact the member's primary Acute Medicaid health plan for any other requests.	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217

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Breast reconstruction (non-mastectomy) Reconstruction of the breast except for post mastectomy	Prior authorization required	Prior authorization required for CRS condition-related services only	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echos prior to performance		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 > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.			
Carpal tunnel surgery	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		64721			
Cataract surgery	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		66821 66982 66984			
Chiropractic care	<u>For members younger than age 21:</u> Prior authorization not required <u>For members age 21 and older:</u> Chiropractic care is not a covered benefit.	Please contact the member’s assigned MSIC when related to a CRS condition only.				

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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>	<p>Prior authorization required for CRS condition-related services only</p> <p>If not related to a CRS condition, please contact the member's primary Acute Medicaid health plan.</p>	54150	54160	54161	54162
Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	Prior authorization required for CRS condition-related services only	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
Colonoscopy	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		45378	45380	45384	45385
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required <u>For codes with an asterisk:</u> Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	Prior authorization required for CRS condition-related services only <u>For codes with an asterisk:</u> Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	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

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<p>Dental services Dental CRS benefit conditions:</p> <ul style="list-style-type: none"> • Cleft lip or palate • Cerebral spinal fluid diversion shunt where the member is at risk for sub-acute bacterial endocarditis • Cardiac condition where the member is at risk for sub-acute bacterial endocarditis • Dental complications arising as a result of treatment for a CRS condition • Documented significant functional malocclusion 	<p>For prior authorization requirements for routine dental services and CRS conditions with dental only, please call UnitedHealthcare Dental at 855-812-9208.</p>	<p>For prior authorization requirements for CRS conditions with dental only, please call UnitedHealthcare Dental at 855-812-9208.</p>				
<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>Prior authorization for talking glucometers for CRS conditions only available through the medical prior authorization process</p>	<p>To locate contracted care providers or vendors, please visit UHCommunityPlan.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>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	<p>To request DME items, please call Preferred Homecare at 800-636-2123. Please see exceptions below.</p> <p>Please call Numotion for the following items:</p> <ul style="list-style-type: none"> • Acute specialty power wheelchairs • Gait trainers • Specialty car seats • Activity chairs • Feeder seats • Standers 	<p>To request DME items, please call Preferred Homecare at 800-636-2123. Please see exceptions below.</p> <p>Please call Numotion for the following items:</p> <ul style="list-style-type: none"> • Acute specialty power wheelchairs • Gait trainers • Specialty car seats • Activity chairs • Feeder seats • Standers <p>Numotion Phoenix</p>	<p>A9900 E0265 E0300 E0329 E0465 E0472 E0620 E0641 E0652 E0669 E0691 E0700 E0782 E0948</p>	<p>A9999 E0266 E0302 E0445 E0466 E0483 E0636 E0642 E0656 E0670 E0692 E0710 E0783 E0984</p>	<p>E0193 E0270 E0304 E0457 E0470 E0485 E0637 E0650 E0667 E0673 E0693 E0745 E0784 E0986</p>	<p>E0194 E0277 E0328 E0460 E0471 E0486 E0638 E0651 E0668 E0675 E0694 E0766 E0947 E1002</p>

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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>	<p><u>Numotion Phoenix Office</u> Phone: 866-248-4839 Fax: 602-252-2547</p> <p><u>Numotion Tucson Office</u> Phone: 877-779-0025 Fax: 520-323-0387</p> <p>The CRS Prior Services Request fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Arizona > Provider Forms.</p> <p>Please call 866-604-3267 to use a UnitedHealthcare participating care provider for the following services:</p> <ul style="list-style-type: none"> • Bone stimulators • Diabetic supplies • Enclosed beds • Specialty beds • Wound vacs 	<p><u>Office</u> Phone: 866-248-4839 Fax: 602-252-2547</p> <p><u>Numotion Tucson Office</u> Phone: 877-779-0025 Fax: 520-323-0387</p> <p>The CRS Prior Services Request fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Arizona > Provider Forms.</p> <p>Please call 866-604-3267 to use a UnitedHealthcare participating care provider for the following services:</p> <ul style="list-style-type: none"> • Bone stimulators • Diabetic supplies • Enclosed beds • Specialty beds • Wound vacs <p>If not related to a CRS condition, please contact the member’s primary Acute Medicaid health plan.</p>	<p>E1003 E1007 E1011 E1036 E1090 E1220 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</p>	<p>E1004 E1008 E1018 E1085 E1130 E1229 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</p>	<p>E1005 E1009 E1030 E1086 E1140 E1230 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</p>	<p>E1006 E1010 E1035 E1089 E1161 E1231 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>

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Ear, nose and throat (ENT) 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		21320 69631	30140	30520	69436
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	To request services and/or supplies, please call Preferred Homecare at 800-636-2123 .	To request services and /or supplies for CRS condition-related services only, please call Preferred Homecare at 800-636-2123 .	<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 the AHCCCS Medical Policy Manual (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.</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 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>			

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Experimental or investigational services	<p>Prior authorization required for the codes identified</p> <p>For more information, please refer to AMPM 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>For member eye care services, please call Nationwide Vision at 877-222-4218.</p> <p>Please contact the member for their assigned MSIC for a CRS-related eye condition.</p>	<p>Please contact the member for their assigned MSIC for a CRS-related eye condition.</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><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>			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	Prior authorization required for CRS condition-related services only	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	Prior authorization required for CRS condition-related services only	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>	<p>Prior authorization required for all services not covered by LabCorp.</p> <p>To determine prior authorization requirements for CRS condition-related services only, 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

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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 aids and services Hearing evaluations and hearing aids when completed outside the MSIC require prior authorization	Prior authorization required for hearing evaluations and hearing aids when completed outside the MSIC Please contact the member’s assigned MSIC for CRS condition-related services only. All other conditions: <u>For members younger than age 21:</u> Prior authorization not required <u>For members age 21 and older:</u> Prior authorization required – this is <u>not</u> a covered benefit unless medically necessary.		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	Prior authorization required	Prior authorization required for CRS condition-related services only	G0299	G0300	S9123	S9124
Hospice	Prior authorization required	Prior authorization required for CRS condition-related services only This is <u>not</u> a covered benefit if it isn’t related to a CRS condition.	T2042	T2043	T2044	T2045
Incontinence supplies	To request services and/or supplies, please call Preferred Homecare at 800-636-2123 .	To request services and/or supplies for CRS condition-related services only, please call Preferred Homecare at 800-636-2123 .	T4521 T4525 T4529 T4533	T4522 T4526 T4530 T4534	T4523 T4527 T4531 T4543	T4524 T4528 T4532

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Infusion in-home services	<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>Prior authorization required for all services not covered by Preferred Homecare.</p> <p>To request services and/or supplies for CRS condition-related services only, please call Preferred Homecare at 800-636-2123.</p>	
Injectable medications for in-home use	<p>Prior authorization required for all services not covered by Preferred Homecare.</p> <p>To request medications, please call Preferred Homecare at 800-636-2123.</p>	<p>Prior authorization required for all services not covered by Preferred Homecare.</p> <p>To request medications for CRS condition-related services only, please call Preferred Homecare at 800-636-2123.</p>	
Injectable medications	<p>Prior authorization required</p>	<p>Prior authorization required for CRS condition-related services only</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™** C9484</p> <p>IVIG</p>

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Injectable medications (cont'd)			J1459 J1561 J1572	J1556 J1566 J1575	J1557 J1568 J1599	J1559 J1569
			Lemtrada® J0202			
			Makena®* J1725 J2675			
			Nucala® J2182			
			Probuphine® J0570			
			Soliris®** J1300			
			Spinraza™** C9489			
			Synagis®** 90378			
			Unclassified*** J3490 J3590			
			VPRIV® J3385			
			Xolair®** J2357			
			<p>*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.</p>			
			<p>**For Cerezyme, Eleyso, Exondys 51, Soliris, Spinraza, Synagis and Xolair prior authorization, please call the Pharmacy Prior</p>			

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Injectable medications (cont'd)			Authorization Service at 800-310-6826. *** For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51**, Ocrevus, Radicava and Spinraza**.			
Inpatient admission	Prior notification required for CRS condition-related services only Please contact the member’s primary Acute Medicaid health plan for medical admissions not directly related to a CRS condition.					
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	Prior authorization required for CRS condition-related services only	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487	23474 24363 27122 27134 27446 29866
Laboratory services	To determine prior authorization requirements, please call LabCorp at 800-788-9743.	To determine prior authorization requirements for CRS condition-related services only, 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 code identified if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center		20680			
Neuropsychological testing	Please contact the member’s assigned MSIC for CRS	Please contact the member’s assigned MSIC for CRS	<u>Neurobehavioral status exam</u> 96116 96118 96119 96120			

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Neuropsychological testing (cont'd)	condition-related services only. Prior authorization required for all other conditions	condition-related services only.	<u>Behavioral health assessments</u> 90791 90792			
Non-emergent air ambulance transport	Prior authorization required	Prior authorization required for CRS condition-related service only	A0430	A0431	A0435	A0436
Ophthalmologic	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		65426 66761 67228	65730 67028 67311	65855 67036 67312	66170 67040
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	Prior authorization required for CRS condition-related services only	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 Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	<u>For members younger than age 21:</u> Prior authorization required for the codes identified Please contact the member's assigned MSIC for CRS condition only. <u>For members younger than age 21 with orthotic limitation:</u> • Reasonable	<u>For members younger than age 21:</u> Prior authorization required for the codes identified Please contact the member's assigned MSIC for CRS condition only. <u>For members age 21 and older:</u> Medical documentation <u>must</u>	L0112 L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 L1730 L1820 L1834 L1845 L1860	L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1830 L1836 L1846 L1945	L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1810 L1831 L1840 L1847 L1950	L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1812 L1832 L1844 L1850 L1970

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<p>Orthotics and prosthetics: more than \$500 (cont’d) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>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.</p> <ul style="list-style-type: none"> 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 	<p>accompany the request for orthotic services.</p>	<p>L2000 L2030 L2038 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</p>	<p>L2005 L2034 L2060 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</p>	<p>L2010 L2036 L2106 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</p>	<p>L2020 L2037 L2108 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</p>

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<p>Orthotics and prosthetics: more than \$500 (cont’d) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>physician or primary care provider.</p> <p><u>For members age 21 and older 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>L5812 L5814 L5816 L5818 L5822 L5824 L5826 L5828 L5830 L5840 L5845 L5848 L5856 L5857 L5858 L5930 L5950 L5960 L5961 L5962 L5964 L5966 L5968 L5976 L5979 L5980 L5981 L5982 L5984 L5986 L5987 L5988 L5990 L5999 L6000 L6010 L6020 L6026 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 L7499 L8035 L8040 L8041 L8042 L8043 L8044 L8045 L8046 L8047 L8499 L8500 L8609 L8610 L8612 L8631 L8659 V2623 V2627</p>			
<p>Out-of-network services</p>	<p>Prior authorization required for all out-of-network services</p>					

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Out-of-state services	Benefit only approved when service is emergent or unavailable in the state of Arizona					
<p>Outpatient physical therapy</p> <p>Benefit limits for participating and non-participating care providers:</p> <p><u>For members younger than age 21:</u></p> <p>Prior authorization required after the 12th visit outside the MSIC</p> <p>Physical therapy is covered in an inpatient or outpatient setting. No benefit limits apply.</p> <p><u>For members age 21 and older:</u></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><u>For CRS members younger than age 21 or QMB members:</u></p> <p>Prior authorization required after the 12th visit outside the MSIC</p> <p><u>For CRS members age 21 and older (excluding QMB):</u></p> <p>Prior authorization not required</p>	<p>Prior authorization required for CRS condition-related services only</p> <p><u>For CRS members younger than age 21 or QMB members:</u></p> <p>Prior authorization required after the 12th visit</p> <p><u>For CRS members age 21 and older (excluding QMB):</u></p> <p>Prior authorization not required</p> <p>Please contact the member's primary Acute Medicaid health plan if not related to a CRS condition.</p>	<p>97010</p> <p>97018</p> <p>97033</p> <p>97112</p> <p>97140</p> <p>97164</p> <p>97168</p>	<p>97012</p> <p>97022</p> <p>97034</p> <p>97113</p> <p>97161</p> <p>97165</p> <p>97799</p>	<p>97014</p> <p>97026</p> <p>97039</p> <p>97116</p> <p>97162</p> <p>97166</p> <p>G0129</p>	<p>97016</p> <p>97028</p> <p>97110</p> <p>97124</p> <p>97163</p> <p>97167</p> <p>S8990</p>

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<p>Occupational and speech therapy</p>	<p><u>For CRS members younger than age 21 or QMB members:</u></p> <p>Prior authorization required after the 12th visit</p> <p><u>For CRS members age 21 and older:</u></p> <p>Prior authorization not required</p> <p>Outpatient speech therapy is <u>not</u> a covered benefit.</p> <p>Occupational therapy is covered in an inpatient or outpatient setting. Outpatient 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>Prior authorization required for CRS condition-related services only</p>	<p>92508 92524</p>	<p>92521 92526</p>	<p>92522 S9152</p>	<p>92523 92507</p>

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Pharmacy drugs	<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 800-853-3844. Fax forms are available at UHCCommunityPlan.com > For Healthcare Professionals > Arizona > Pharmacy Program.</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</p>	<p>Please contact the member's primary Acute Medicaid health plan.</p>	59840 59852	59841 59855	59850 59856	59851 59857

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Pregnancy termination (cont'd)	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. 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.					
Private duty nursing	Prior authorization required	Prior authorization required for CRS condition-related services only	T1002	T1003		
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	Prior authorization required for CRS condition-related services only	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request the following advanced outpatient imaging procedures: CT, MRI, MRA, PET scan, 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</p>			

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Radiology (cont'd)			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	Prior authorization required for CRS condition-related services only	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	Prior authorization required for CRS condition-related services only	31295	31296	31297	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	Please contact the member’s primary Acute Medicaid health plan.	21685	41599	42145	
Skilled nursing facility services	Prior authorization required	Prior authorization required for CRS condition-related services only				
Specialty/enclosed beds	Prior authorization required	Prior authorization required	E0250 E0260 E0291 E0295 E0316	E0251 E0261 E0292 E0301 E0462	E0255 E0280 E0293 E0303	E0256 E0290 E0294 E0315
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	Prior authorization required for CRS condition-related services only	63650	63655	63685	
Spinal surgery	Prior authorization required	Prior authorization required for CRS condition-related services only	0095T 22101 22114 22212 22532 22554 22595	0098T 22102 22206 22214 22533 22556 22600	0164T 22110 22207 22220 22548 22558 22610	22100 22112 22210 22224 22551 22590 22612

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Spinal surgery (cont'd)			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 > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 400: Medical Policy for Maternal and Child Health > Exhibit 420-1.</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		

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Tonsillectomy and adenoidectomy	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		42820 42830	42821	42825	42826
Transplants	Prior authorization required 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. Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.	Prior authorization required for CRS condition-related services only For all other conditions please contact the member’s Acute Medicaid health plan.	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	32853 33930 33944 38210 38215 38242 44136 44721 47141 47145 48552 50323 50365 S2060
Transportation – non-emergent: taxi, stretcher, van	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 .	Prior authorization required for non-emergent taxi and stretcher van for CRS condition-related services only To schedule transportation, please call 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	

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Urologic procedures	Prior authorization required for the codes identified if performed in an outpatient hospital setting		50590 52224 52281 52352 55700	52000 52234 52310 52353 57288	52005 52235 52332 52356	52204 52260 52351 55040
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	Prior authorization required for CRS condition-related services only	61885 L8685	64568 L8686	L8680 L8687	L8682 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	Prior authorization required for CRS condition-related services only	36468 37700	36473 37718	36475 37722	36478 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 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 .	Prior authorization required for CRS condition-related services only	0051T 33976 33983	0052T 33979 Q0507	0053T 33981 Q0508	33975 33982 Q0509
Wound vac	Prior authorization required	Prior authorization required	E2402			