

General Information

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

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

Important Information

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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Allergy immunotherapy	<p><u>For members younger than age 21:</u></p> <p>Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p><u>For members age 21 and older:</u></p> <p>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is not a covered benefit.</p> <p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none"> • Sustained an anaphylactic reaction to an unknown allergen • Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <u>Prior authorization is required for these situations.</u> 	

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Bariatric surgery	Prior authorization required for the codes identified	<table border="0"> <tr> <td>43644</td> <td>43645</td> <td>43648</td> <td>43659</td> </tr> <tr> <td>43770</td> <td>43775</td> <td>43842</td> <td>43845</td> </tr> <tr> <td>43846</td> <td>43847</td> <td>43848</td> <td>43860</td> </tr> <tr> <td>43882</td> <td>64590</td> <td></td> <td></td> </tr> </table>	43644	43645	43648	43659	43770	43775	43842	43845	43846	43847	43848	43860	43882	64590										
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43882	64590																									
Behavioral health	<p><u>For members younger than age 18:</u></p> <p>Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program at 800-348-4058.</p> <p><u>For members age 18 and older:</u></p> <p>Prior authorization required for Acute Medicaid members with Medicare Part A and/or B</p>	<p>The following benefits and/or codes require prior authorization:</p> <ul style="list-style-type: none"> • Acute inpatient admission • Residential treatment center – Level 1 • Residential behavioral health facility – Level II group home • Electroconvulsive therapy – code 90870 • Out-of-state placement • Neuropsychological testing • Codes 96116, 96118, 96119, 96120 																								
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes identified	<table border="0"> <tr> <td>20975</td> <td>20979</td> <td>E0747</td> <td>E0748</td> </tr> <tr> <td>E0749</td> <td></td> <td></td> <td></td> </tr> </table>	20975	20979	E0747	E0748	E0749																			
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E0749																										
BRCA genetic testing	<p>Prior authorization required for the codes identified</p> <p>Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.</p>	<table border="0"> <tr> <td>81162</td> <td>81211</td> <td>81212</td> <td>81213</td> </tr> <tr> <td>81214</td> <td>81215</td> <td>81216</td> <td>81217</td> </tr> <tr> <td>81432</td> <td>81433</td> <td></td> <td></td> </tr> </table>	81162	81211	81212	81213	81214	81215	81216	81217	81432	81433														
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Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization required for the codes identified	<table border="0"> <tr> <td>19316</td> <td>19318</td> <td>19324</td> <td>19325</td> </tr> <tr> <td>19328</td> <td>19330</td> <td>19340</td> <td>19342</td> </tr> <tr> <td>19350</td> <td>19357</td> <td>19361</td> <td>19364</td> </tr> <tr> <td>19366</td> <td>19367</td> <td>19368</td> <td>19369</td> </tr> <tr> <td>19370</td> <td>19371</td> <td>19380</td> <td>19396</td> </tr> <tr> <td>L8600</td> <td></td> <td></td> <td></td> </tr> </table>	19316	19318	19324	19325	19328	19330	19340	19342	19350	19357	19361	19364	19366	19367	19368	19369	19370	19371	19380	19396	L8600			
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Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echos prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Arizona > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.</p>																								
Carpal tunnel surgery	Prior authorization required for the code identified if performed in an outpatient hospital setting	64721																								

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Carpal tunnel surgery (cont'd)	Prior authorization not required if performed at a participating ambulatory surgery center	
Cataract surgery	<p>Prior authorization required for the code identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	66821 66982 66984
Chemotherapy	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis</p>	<p>The following injectable drugs require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • Prior authorization required for chemotherapy injectable drugs that haven't yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p>
Chiropractic care	<p><u>For members younger than age 21:</u></p> <p>Prior authorization not required</p> <p><u>For members age 21 and older:</u></p> <p>Chiropractic care is <u>not</u> a covered benefit.</p>	
Circumcision	<p>Routine circumcision is <u>not</u> a covered benefit.</p> <p>Prior authorization required <u>only</u> for cases with documented medical necessity.</p>	54150 54160 54161 54162
<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>69710 69714 69715 69718 69930 L8614 L8619 L8690 L8691 L8692</p>

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<p>Cochlear and other auditory implants (cont'd)</p>	<p><u>For members age 21 and older:</u></p> <ul style="list-style-type: none"> • Prior authorization required for supplies, equipment maintenance and repair of component parts • Hardware is not a covered benefit. • Clinical documentation <u>must</u> accompany and establish medical necessity for this service request. 				
<p>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</p> <p>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiologic function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	<p>Prior authorization required for the codes identified</p> <p>Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.</p> <p><u>For codes with an asterisk:</u></p> <p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	<p>11960 14040* 15830 17108 21139 21180 21184 21275 21552* 21931* 67901 67906 67912 67917 67924</p>	<p>11971 14060* 15847 17999 21172 21181 21230 21280 21740 28344 67902 67908 67914 67921 67950</p>	<p>13101* 14301* 17106 21137 21175 21182 21235 21282 21742 30620 67903 67909 67915 67922 67961</p>	<p>13132* 15823 17107 21138 21179 21183 21256 21295 21743 67900 67904 67911 67916 67923 67966</p>

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<p>Dental services</p>	<p>For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208.</p> <p>For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300 Policy 310-D1 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 300: Dental Services for Members 21 Years of Age and Older > Policy 310-D1</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>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>To request DME items, please call Preferred Homecare at 800-636-2123.</p> <p>These DME items are <u>not</u> covered by Preferred Homecare:</p> <ul style="list-style-type: none"> • Bone stimulators • Diabetic supplies • Enclosed beds • Insulin pumps • Percussion vests • Specialty beds • Wound vacs <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	<p>For services not covered by Preferred Homecare, please review UnitedHealthcare Community Plan's Provider Manual for a list of contracted vendors related to DME products at UHCommunityPlan.com > For Health Care Professionals > Arizona > Claims and Member Information.</p> <table border="0"> <tr><td>E0194</td><td>E0265</td><td>E0266</td><td>E0270</td></tr> <tr><td>E0300</td><td>E0445</td><td>E0457</td><td>E0460</td></tr> <tr><td>E0466</td><td>E0483</td><td>E0620</td><td>E0636</td></tr> <tr><td>E0638</td><td>E0641</td><td>E0642</td><td>E0656</td></tr> <tr><td>E0669</td><td>E0670</td><td>E0675</td><td>E0693</td></tr> <tr><td>E0694</td><td>E0700</td><td>E0710</td><td>E0745</td></tr> <tr><td>E0766</td><td>E0784</td><td>E0984</td><td>E0986</td></tr> <tr><td>E1002</td><td>E1003</td><td>E1004</td><td>E1005</td></tr> <tr><td>E1006</td><td>E1007</td><td>E1008</td><td>E1009</td></tr> <tr><td>E1010</td><td>E1030</td><td>E1035</td><td>E1036</td></tr> <tr><td>E1161</td><td>E1229</td><td>E1231</td><td>E1232</td></tr> <tr><td>E1233</td><td>E1234</td><td>E1235</td><td>E1236</td></tr> <tr><td>E1237</td><td>E1238</td><td>E1239</td><td>E2100</td></tr> <tr><td>E2227</td><td>E2228</td><td>E2230</td><td>E2300</td></tr> <tr><td>E2301</td><td>E2322</td><td>E2325</td><td>E2327</td></tr> <tr><td>E2329</td><td>E2331</td><td>E2351</td><td>E2373</td></tr> <tr><td>E2510</td><td>E2511</td><td>E2599</td><td>E2626</td></tr> <tr><td>E2627</td><td>E2628</td><td>E2629</td><td>E2630</td></tr> <tr><td>E8001</td><td>K0005</td><td>K0008</td><td>K0013</td></tr> <tr><td>K0108</td><td>K0800</td><td>K0801</td><td>K0802</td></tr> <tr><td>K0806</td><td>K0807</td><td>K0808</td><td>K0812</td></tr> <tr><td>K0821</td><td>K0822</td><td>K0823</td><td>K0824</td></tr> <tr><td>K0825</td><td>K0826</td><td>K0827</td><td>K0828</td></tr> </table>	E0194	E0265	E0266	E0270	E0300	E0445	E0457	E0460	E0466	E0483	E0620	E0636	E0638	E0641	E0642	E0656	E0669	E0670	E0675	E0693	E0694	E0700	E0710	E0745	E0766	E0784	E0984	E0986	E1002	E1003	E1004	E1005	E1006	E1007	E1008	E1009	E1010	E1030	E1035	E1036	E1161	E1229	E1231	E1232	E1233	E1234	E1235	E1236	E1237	E1238	E1239	E2100	E2227	E2228	E2230	E2300	E2301	E2322	E2325	E2327	E2329	E2331	E2351	E2373	E2510	E2511	E2599	E2626	E2627	E2628	E2629	E2630	E8001	K0005	K0008	K0013	K0108	K0800	K0801	K0802	K0806	K0807	K0808	K0812	K0821	K0822	K0823	K0824	K0825	K0826	K0827	K0828
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<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>	<table border="0"> <tr><td>21320</td><td>30140</td><td>30520</td><td>69436</td></tr> <tr><td>69631</td><td></td><td></td><td></td></tr> </table>	21320	30140	30520	69436	69631																																							
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<p>Enteral services/parenteral/oral In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements</p>	<p>To request services and/or supplies, please call Preferred Homecare at 800-636-2123.</p>	<p>Clinical documentation and oral supplement Certificate of Medical Necessity as applicable <u>must</u> accompany and establish medical necessity for this service request.</p> <p><u>For members younger than age 21:</u></p> <p>For more information, please review AMPM Chapter 400 Policy 430-10 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 400: Medical Policy for Maternal and Child Health > Policy 430-10.</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 ></p>																																												

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Enteral services/parenteral/oral (cont'd)		AHCCCS Medical Policy Manual > Chapter 300: Medical Policy for Covered Services > Attachment C.			
Experimental or investigational services	<p>Prior authorization required for all services considered experimental and/or investigational</p> <p>For more information, please refer to the AHCCCS Medical Policy Manual Chapter 300, Policy 320 B at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 300: Medical Policy for Covered Services > Policy 320-B.</p>	0191T	33477	36514	55866
		61863	61864	61867	61868
		61886	64555	64722	66180
		95978	A4638	A9274	E1831
Eye care/optometry	<p><u>Benefits provided for members younger than age 21:</u></p> <ul style="list-style-type: none"> One routine eye exam every 12 months Regular single vision bifocal or trifocal polycarbonate lenses Frame for up to \$79.99 retail price One replacement pair of glasses if lost, stolen or damaged Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision. <p><u>For members age 21 and older:</u></p> <p>Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye</p>	For member eye care services, please call Nationwide Vision at 800-481-2779 .			
Femoracetabular impingement syndrome (FAI)	Prior authorization required for the codes identified	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required for the codes identified	31240	31254	31255	31256
		31267	31276	31287	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	88248	88249	88261
		88262	88263	88264	88267
		88269	88271	88272	88273
		88274	88275	88280	88283
		88285	88289	88291	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	58353	58558	58563
		58565			

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization	
Hearing aids and services Hearing evaluations and hearing aids	<u>For members younger than age 21:</u> Prior authorization not required	92590 92591 92592 92593 92594 92595 S0618 V5010 V5011 V5014 V5030 V5040	
	<u>For members age 21 and older:</u> Prior authorization required	V5050 V5060 V5095 V5100 V5120 V5170 V5180 V5190 V5220 V5230 V5242 V5243 V5244 V5245 V5246 V5247 V5248 V5249 V5250 V5251 V5252 V5253 V5254 V5255 V5256 V5257 V5258 V5259 V5260 V5261 V5262 V5263 V5267 V5298	
	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 49585 49587 49650 49651 49652 49653 49654 49655
			G0299 G0300
			T2042 T2043 T2044 T2045
	Home health care	Prior authorization required for the codes identified	G0299 G0300
	Hospice	Prior authorization required for the codes identified	T2042 T2043 T2044 T2045
	Incontinence supplies	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request incontinence supplies, please call Preferred Homecare at 800-636-2123 .
	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			
Ellyso®** J3060			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Injectable medications (cont'd)		<p>Exondys 51™** J2326</p> <p>IVIG J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Lemtrada® J0202</p> <p>Makena®* J1726 J1729</p> <p>Nucala® J2182</p> <p>Ocrevus™ J2350</p> <p>Probuphine® J0570</p> <p>Radicava™ C9493</p> <p>Soliris®** J1300</p> <p>Spinraza™** J1428</p> <p>Synagis®** 90378</p> <p>Unclassified*** C9399 J3490 J3590</p> <p>VPRIV® J3385</p> <p>Xolair®** J2357</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																												
Injectable medications (cont'd)		<p>Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>*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, 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 C9399, J3490 and J3590, prior authorization is only required for Brineura™ and Radicava.</p>																												
Inpatient admission	Notification required for admissions																													
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required for the codes identified	<table border="1"> <tr> <td>23470</td> <td>23472</td> <td>23473</td> <td>23474</td> </tr> <tr> <td>24360</td> <td>24361</td> <td>24362</td> <td>24363</td> </tr> <tr> <td>24370</td> <td>24371</td> <td>27120</td> <td>27122</td> </tr> <tr> <td>27125</td> <td>27130</td> <td>27132</td> <td>27134</td> </tr> <tr> <td>27137</td> <td>27138</td> <td>27412</td> <td>27446</td> </tr> <tr> <td>27447</td> <td>27486</td> <td>27487</td> <td>29866</td> </tr> <tr> <td>29867</td> <td>29868</td> <td></td> <td></td> </tr> </table>	23470	23472	23473	23474	24360	24361	24362	24363	24370	24371	27120	27122	27125	27130	27132	27134	27137	27138	27412	27446	27447	27486	27487	29866	29867	29868		
23470	23472	23473	23474																											
24360	24361	24362	24363																											
24370	24371	27120	27122																											
27125	27130	27132	27134																											
27137	27138	27412	27446																											
27447	27486	27487	29866																											
29867	29868																													
Laboratory services	Prior authorization required	To determine prior authorization requirements, 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	20680																												

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Miscellaneous – hardware removal (cont'd)	Prior authorization not required if performed at a participating ambulatory surgery center				
Neuropsychological testing	Prior authorization required for the codes identified	96116	96118	96119	96120
Non-emergent air ambulance transport	Prior authorization required for the codes identified	A0430	A0431	A0435	A0436
Ophthalmologic	Prior authorization required for the codes identified if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	65426 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 Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required for the codes identified <u>For members younger than age 21 with orthotic limitation:</u> <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. <u>For members age 21 and older:</u> AHCCCS orthotics coverage applies if: <ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment 	L0112 L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 L1730 L1834 L1845 L1860 L2000 L2030 L2038 L2126 L2510 L3230	L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1836 L1846 L1945 L2005 L2034 L2060 L2128 L2526 L3265	L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1830 L1840 L1847 L1950 L2010 L2036 L2106 L2136 L2627 L3649	L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1831 L1844 L1850 L1970 L2020 L2037 L2108 L2350 L2628 L3671

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) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>option consistent with Medicare guidelines.</p> <ul style="list-style-type: none"> The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition. The orthotic is ordered by a physician or primary care provider. <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. 	L3674 L3764 L3905 L3976 L4010 L4394 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5614 L5642 L5648 L5682 L5716 L5726 L5795 L5816 L5826 L5857 L5960 L5968 L5981 L5988 L6020 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6883 L6900	L3720 L3900 L3961 L3977 L4020 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5616 L5643 L5651 L5702 L5718 L5728 L5811 L5818 L5828 L5858 L5961 L5976 L5982 L5990 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6884 L6905	L3730 L3901 L3971 L3999 L4350 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5639 L5644 L5653 L5703 L5722 L5780 L5812 L5822 L5830 L5930 L5964 L5979 L5984 L6000 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6881 L6885 L6910	L3740 L3904 L3975 L4000 L4392 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5613 L5640 L5646 L5661 L5706 L5724 L5790 L5814 L5824 L5848 L5950 L5966 L5980 L5987 L6010 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6882 L6895 L6915

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8044 L8499 L8631	L6925 L6945 L6965 L7008 L7170 L7186 L8040 L8045 L8609 L8659	L6930 L6950 L6970 L7009 L7180 L7190 L8042 L8046 L8610	L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8047 L8612
Out-of-network services	Prior authorization required for all out-of-network services				
Out-of-state services	Benefit only approved when service is emergent or unavailable in the state of Arizona				
Outpatient therapy – occupational & speech therapy	Prior authorization required for the codes identified <u>For members age 21 and older:</u> Prior authorization not required Outpatient speech therapy is not a covered benefit. Occupational therapy is covered in an inpatient or outpatient setting. Outpatient occupational therapy is: <ul style="list-style-type: none"> • <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 <u>For QMB members:</u> Covered for unlimited visits when medically necessary	92508 92524	92521 92526	92522 S9152	92523 92507
Outpatient therapy – physical therapy	Prior authorization required for the codes identified <u>For members younger than age 21:</u> Physical therapy is covered in an	97010 97018 97033 97112 97140	97012 97022 97034 97113 97161	97014 97026 97039 97116 97162	97016 97028 97110 97124 97163

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization								
<p>Outpatient therapy – physical therapy (cont'd)</p>	<p>inpatient or outpatient setting. No benefit limits apply.</p> <p><u>For members age 21 and older:</u></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>Outpatient speech therapy is not a covered benefit.</p> <p><u>For QMB members:</u></p> <p>Covered for unlimited visits when medically necessary</p>	<table border="0"> <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>	97164	97165	97166	97167	97168	97799	G0129	S8990
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” 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® 	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: 800-310-6826 Fax: 866-940-7328</p> <p>For specialty pharmacy prior authorization, please fax 866-940-7328.</p> <p>Fax forms are available at UHCCommunityPlan.com > Arizona > Pharmacy Program > Pharmacy Prior Authorization Forms > Specialty Medication Prior Authorization Cover Sheet. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.</p>								

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Pharmacy drugs (cont'd)	<ul style="list-style-type: none"> • Myozyme® • Orfadin® • VPRIV® 				
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>	59840 59852	59841 59855	59850 59856	59851 59857
Private duty nursing	Prior authorization required for the codes identified	T1002	T1003		
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required for the codes identified	77520	77522	77523	77525
Radiology	<p>Prior authorization required for participating physicians who request the following advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Arizona > Radiology > CPT Code List.</p>			

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes identified	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required for the codes identified	31295	31296	31297	
Skilled nursing facility services	Prior authorization required				
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required for the codes identified	21685	41599	42145	
Specialty/enclosed beds	Prior authorization required for the codes identified	E0250 E0260 E0291 E0295 E0316	E0251 E0261 E0292 E0301 E0462	E0255 E0280 E0293 E0303	E0256 E0290 E0294 E0315
Spinal stimulator for pain management	Prior authorization required for the codes identified	63650	63655	63685	
Spinal surgery	Prior authorization required for the codes identified	0095T 22101 22114 22212 22532 22554 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301	0098T 22102 22206 22214 22533 22556 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302	0164T 22110 22207 22220 22548 22558 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303	22100 22112 22210 22224 22551 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont'd)		63305 64553	63306 64570	63307	63308
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 52649 55821 58200 58262 58275 58291 58541 58548 58554 58573 58615 58951 59135	52630 55250 55831 58210 58263 58280 58292 58542 58550 58570 58600 58670 58953 59525	52647 55450 58150 58240 58267 58285 58293 58543 58552 58571 58605 58671 58954	52648 55801 58180 58260 58270 58290 58294 58544 58553 58572 58611 58700 58956
Tonsillectomy and adenoidectomy	<p>Prior authorization required for the codes identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	42820 42830	42821	42825	42826
Transplant services	<p>Prior authorization required for the codes identified</p> <p>Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.</p>			<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.</p>	<p>32850 32854 33933 33945 38212 38232 44132 44137 47133 47142 47146 48554</p> <p>32851 32855 33935 38208 38213 38240 44133 44715 47135 47143 47147 50300</p> <p>32852 32856 33940 38209 38214 38241 44135 44720 47140 47144 48551 50320</p> <p>32853 33930 33944 38210 38215 38242 44136 44721 47141 47145 48552 50323</p>

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Transplant services (cont'd)		50325 50340 50360 50365 50370 50380 50547 S2060 S2061 S2152 Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes 38206 38999 J3490 J9999 M0075 S2107
Transportation	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at 888-700-6822 .
Upper gastrointestinal endoscopy	Prior authorization required for the codes identified if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	43235 43239 43249
Urologic procedures	Prior authorization required for the codes identified if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 55040 55700 57288
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required for the codes identified	61885 64568 L8680 L8682 L8685 L8686 L8687 L8688
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required for the codes identified	36468 36473 36475 36478 37700 37718 37722 37780
Ventricular assist devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required for the codes identified	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 . 33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509
Wound vac	Prior authorization required for the code identified	E2402