

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> 	

**Prior Authorization Requirements for
Arizona Developmentally Disabled
Effective April 1, 2018**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Bariatric surgery	Prior authorization required for the codes listed	43644 43645 43648 43659 43770 43775 43842 43845 43846 43847 43848 43860 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 listed	20975 20979 E0747 E0748 E0749
BRCA genetic testing	<p>Prior authorization required for the codes listed</p> <p>Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.</p>	81162 81211 81212 81213 81214 81215 81216 81217 81432 81433
Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization required for the codes listed	19316 19318 19324 19325 19328 19330 19340 19342 19350 19357 19361 19364 19366 19367 19368 19369 19370 19371 19380 19396 L8600
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 listed if performed in an outpatient hospital setting	64721

**Prior Authorization Requirements for
Arizona Developmentally Disabled
Effective April 1, 2018**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
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 listed 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 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 listed</p> <p><u>For members age 21 and older:</u></p> <ul style="list-style-type: none"> • Prior authorization required for 	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690

**Prior Authorization Requirements for
Arizona Developmentally Disabled
Effective April 1, 2018**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
Cochlear and other auditory implants (cont'd)	supplies, equipment maintenance and repair of component parts <ul style="list-style-type: none"> • Hardware is not a covered benefit. • Clinical documentation must accompany and establish medical necessity for this service request. 																																																													
Colonoscopy	Prior authorization required for the codes listed if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	45378 45380 45384 45385																																																												
Colony stimulating factor drugs	Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis	<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>																																																												
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 for the codes listed Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage. <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	<table border="0"> <tr> <td>11960</td> <td>11971</td> <td>13101*</td> <td>13132*</td> </tr> <tr> <td>14040*</td> <td>14060*</td> <td>14301*</td> <td>15823</td> </tr> <tr> <td>15830</td> <td>15847</td> <td>17106</td> <td>17107</td> </tr> <tr> <td>17108</td> <td>17999</td> <td>21137</td> <td>21138</td> </tr> <tr> <td>21139</td> <td>21172</td> <td>21175</td> <td>21179</td> </tr> <tr> <td>21180</td> <td>21181</td> <td>21182</td> <td>21183</td> </tr> <tr> <td>21184</td> <td>21230</td> <td>21235</td> <td>21256</td> </tr> <tr> <td>21275</td> <td>21280</td> <td>21282</td> <td>21295</td> </tr> <tr> <td>21552*</td> <td>21740</td> <td>21742</td> <td>21743</td> </tr> <tr> <td>21931*</td> <td>28344</td> <td>30620</td> <td>67900</td> </tr> <tr> <td>67901</td> <td>67902</td> <td>67903</td> <td>67904</td> </tr> <tr> <td>67906</td> <td>67908</td> <td>67909</td> <td>67911</td> </tr> <tr> <td>67912</td> <td>67914</td> <td>67915</td> <td>67916</td> </tr> <tr> <td>67917</td> <td>67921</td> <td>67922</td> <td>67923</td> </tr> <tr> <td>67924</td> <td>67950</td> <td>67961</td> <td>67966</td> </tr> </table>	11960	11971	13101*	13132*	14040*	14060*	14301*	15823	15830	15847	17106	17107	17108	17999	21137	21138	21139	21172	21175	21179	21180	21181	21182	21183	21184	21230	21235	21256	21275	21280	21282	21295	21552*	21740	21742	21743	21931*	28344	30620	67900	67901	67902	67903	67904	67906	67908	67909	67911	67912	67914	67915	67916	67917	67921	67922	67923	67924	67950	67961	67966
11960	11971	13101*	13132*																																																											
14040*	14060*	14301*	15823																																																											
15830	15847	17106	17107																																																											
17108	17999	21137	21138																																																											
21139	21172	21175	21179																																																											
21180	21181	21182	21183																																																											
21184	21230	21235	21256																																																											
21275	21280	21282	21295																																																											
21552*	21740	21742	21743																																																											
21931*	28344	30620	67900																																																											
67901	67902	67903	67904																																																											
67906	67908	67909	67911																																																											
67912	67914	67915	67916																																																											
67917	67921	67922	67923																																																											
67924	67950	67961	67966																																																											
Dental services	For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208 .																																																													

**Prior Authorization Requirements for
Arizona Developmentally Disabled
Effective April 1, 2018**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																																																																												
<p>Dental services (cont'd)</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 UHCCCommunityPlan.com > For Health Care Professionals > Arizona > Claims and Member Information.</p>																																																																																																												
<p>Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>	<p>To request DME items, please call Preferred Homecare at 800-636-2123.</p> <p>These DME items are <u>not</u> covered by Preferred Homecare:</p> <ul style="list-style-type: none"> • Bone stimulators • Diabetic supplies • Enclosed beds • Insulin pumps • Percussion vests • Specialty beds • Wound vacs <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	<p>For services not covered by Preferred Homecare, please review UnitedHealthcare Community Plan's Provider Manual for a list of contracted vendors related to DME products at UHCCCommunityPlan.com > For Health Care Professionals > Arizona > Claims and Member Information.</p> <table border="0"> <tr> <td>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> <tr> <td>K0829</td> <td>K0830</td> <td>K0831</td> <td>K0836</td> </tr> <tr> <td>K0837</td> <td>K0838</td> <td>K0839</td> <td>K0840</td> </tr> <tr> <td>K0841</td> <td>K0842</td> <td>K0843</td> <td>K0848</td> </tr> <tr> <td>K0849</td> <td>K0850</td> <td>K0851</td> <td>K0852</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	K0829	K0830	K0831	K0836	K0837	K0838	K0839	K0840	K0841	K0842	K0843	K0848	K0849	K0850	K0851	K0852
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																																																																																																											
K0829	K0830	K0831	K0836																																																																																																											
K0837	K0838	K0839	K0840																																																																																																											
K0841	K0842	K0843	K0848																																																																																																											
K0849	K0850	K0851	K0852																																																																																																											

**Prior Authorization Requirements for
Arizona Developmentally Disabled
Effective April 1, 2018**



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>		<table border="0"> <tr> <td>K0853</td> <td>K0854</td> <td>K0855</td> <td>K0856</td> </tr> <tr> <td>K0857</td> <td>K0858</td> <td>K0859</td> <td>K0860</td> </tr> <tr> <td>K0861</td> <td>K0862</td> <td>K0863</td> <td>K0864</td> </tr> <tr> <td>K0868</td> <td>K0869</td> <td>K0870</td> <td>K0871</td> </tr> <tr> <td>K0877</td> <td>K0878</td> <td>K0879</td> <td>K0880</td> </tr> <tr> <td>K0884</td> <td>K0885</td> <td>K0886</td> <td>K0890</td> </tr> <tr> <td>K0891</td> <td>S1040</td> <td></td> <td></td> </tr> </table>	K0853	K0854	K0855	K0856	K0857	K0858	K0859	K0860	K0861	K0862	K0863	K0864	K0868	K0869	K0870	K0871	K0877	K0878	K0879	K0880	K0884	K0885	K0886	K0890	K0891	S1040		
K0853	K0854	K0855	K0856																											
K0857	K0858	K0859	K0860																											
K0861	K0862	K0863	K0864																											
K0868	K0869	K0870	K0871																											
K0877	K0878	K0879	K0880																											
K0884	K0885	K0886	K0890																											
K0891	S1040																													
<p>Ear, nose and throat procedures</p>	<p>Prior authorization required for the codes listed 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																							
21320	30140	30520	69436																											
69631																														
<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 > AHCCCS Medical Policy Manual > Chapter 300: Medical Policy for Covered Services > Attachment C.</p>																												

**Prior Authorization Requirements for
Arizona Developmentally Disabled
Effective April 1, 2018**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
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 listed	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required for the codes listed	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 listed 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			
Hearing aids and services	<u>For members younger than age 21:</u>	92590	92591	92592	92593
Hearing evaluations and hearing aids	Prior authorization not required	92594	92595	S0618	V5010
		V5011	V5014	V5030	V5040
	<u>For members age 21 and older:</u>	V5050	V5060	V5095	V5100

**Prior Authorization Requirements for
Arizona Developmentally Disabled
Effective April 1, 2018**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Hearing aids and services (cont'd)	Prior authorization required	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 listed 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
Home health care	Prior authorization required for the codes listed	G0299 G0300
Hospice	Prior authorization required for the codes listed	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 listed	Acthar® J0800 Botox® J0585 J0586 J0587 J0588 Brineura™ C9014 Cerezyme®** J1786 Cinqair® J2786 Elelyso®** J3060 Exondys 51™** J1428

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Injectable medications (cont'd)		<p>Ilaris® J0638</p> <p>IVIG J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Lemtrada® J0202</p> <p>Makena®* J1726 J1729 J2675</p> <p>Nucala® J2182</p> <p>Ocrevus™ J2350</p> <p>Probuphine® J0570</p> <p>Radicava® C9493</p> <p>Soliris®** J1300</p> <p>Spinraza™** J2326</p> <p>Synagis®** 90378</p> <p>Unclassified*** C9399 J3490 J3590</p> <p>VPRIV® J3385</p> <p>Xolair®** J2357</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																												
Injectable medications (cont'd)		<p><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, Fasentra™, Luxturna™ and Radicava.</p>																												
Inpatient admission	Notification required for admissions																													
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required for the codes listed	<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	<p>Prior authorization required for the code listed if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	47000																												
Miscellaneous – hardware removal	<p>Prior authorization required for the code listed if performed in an outpatient hospital setting</p> <p>Prior authorization not required if</p>	20680																												

**Prior Authorization Requirements for
Arizona Developmentally Disabled
Effective April 1, 2018**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Miscellaneous – hardware removal (cont'd)	performed at a participating ambulatory surgery center				
Neuropsychological testing	Prior authorization required for the codes listed	96116	96118	96119	96120
Non-emergent air ambulance transport	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
Ophthalmologic	Prior authorization required for the codes listed 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 listed	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 listed <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 option consistent with Medicare guidelines. The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition. 	L0112 L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 L1730 L1834 L1845 L1860 L2000 L2030 L2038 L2126 L2510 L3230 L3674 L3764 L3905 L3976	L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1836 L1846 L1945 L2005 L2034 L2060 L2128 L2526 L3265 L3720 L3900 L3961 L3977	L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1830 L1840 L1847 L1950 L2010 L2036 L2106 L2136 L2627 L3649 L3730 L3901 L3971 L3999	L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1831 L1844 L1850 L1970 L2020 L2037 L2108 L2350 L2628 L3671 L3740 L3904 L3975 L4000

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>	<ul style="list-style-type: none"> 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. 	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 L6920 L6940 L6960 L7007	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 L6925 L6945 L6965 L7008	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 L6910 L6930 L6950 L6970 L7009	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 L6935 L6955 L6975 L7040

**Prior Authorization Requirements for
Arizona Developmentally Disabled
Effective April 1, 2018**



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>		L7045 L7185 L7405 L8044 L8499 L8631	L7170 L7186 L8040 L8045 L8609 L8659	L7180 L7190 L8042 L8046 L8610	L7181 L7191 L8043 L8047 L8612
<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</p>	<p><u>For members younger than age 21:</u></p> <p>Prior authorization required for the codes listed</p> <p>Occupational, physical and speech 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>Outpatient speech therapy is not a covered benefit.</p> <p>Occupational and physical therapy is covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:</p> <ul style="list-style-type: none"> • <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual restore a skill or level of function, and then maintain it • <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it <p><u>For QMB members:</u></p> <p>Covered for unlimited visits when medically necessary</p>	92507 92523 97012 97022 97034 97113 97161 97165 97799	92508 92524 97014 97026 97039 97116 97162 97166	92521 92526 97016 97028 97110 97124 97163 97167	92522 97010 97018 97033 97112 97140 97164 97168
<p>Pharmacy drugs</p>	<p>A list of medications requiring prior authorization is available at UHCCommunityPlan.com > For Healthcare Professionals > Arizona ></p>	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization											
Pharmacy drugs (cont'd)	<p>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>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 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 listed</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	Prior authorization required for the codes listed	T1002 T1003											

**Prior Authorization Requirements for
Arizona Developmentally Disabled
Effective April 1, 2018**



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 listed	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>			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes listed	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required for the codes listed	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 listed	21685	41599	42145	
Specialty/enclosed beds	Prior authorization required for the codes listed	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 listed	63650	63655	63685	
Spinal surgery	Prior authorization required for the codes listed	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22532	22533	22548	22551
		22554	22556	22558	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812

**Prior Authorization Requirements for
Arizona Developmentally Disabled
Effective April 1, 2018**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont'd)		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
Tonsillectomy and adenoidectomy	<p>Prior authorization required for the codes listed if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	42820	42821	42825	42826
		42830			
Transplant services	Prior authorization required for the codes listed	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™			

**Prior Authorization Requirements for
Arizona Developmentally Disabled
Effective April 1, 2018**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																																							
Transplant services (cont'd)	Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.	<p>(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> <table border="0"> <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> <p>Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes</p> <table border="0"> <tr><td>38206</td><td>38999</td><td>J3490</td><td>J9999</td></tr> <tr><td>M0075</td><td>S2107</td><td>Q2040</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			38206	38999	J3490	J9999	M0075	S2107	Q2040	
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																																																																								
38206	38999	J3490	J9999																																																																						
M0075	S2107	Q2040																																																																							
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 listed if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	<table border="0"> <tr><td>43235</td><td>43239</td><td>43249</td><td></td></tr> </table>				43235	43239	43249																																																																	
43235	43239	43249																																																																							
Urologic procedures	Prior authorization required for the codes listed if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	<table border="0"> <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 listed	<table border="0"> <tr><td>61885</td><td>64568</td><td>L8680</td><td>L8682</td></tr> <tr><td>L8685</td><td>L8686</td><td>L8687</td><td>L8688</td></tr> </table>				61885	64568	L8680	L8682	L8685	L8686	L8687	L8688																																																												
61885	64568	L8680	L8682																																																																						
L8685	L8686	L8687	L8688																																																																						

**Prior Authorization Requirements for
Arizona Developmentally Disabled
Effective April 1, 2018**



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 listed</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 listed</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>33927</td> <td>33928</td> <td>33929</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>	33927	33928	33929	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509
33927	33928	33929	33975											
33976	33979	33981	33982											
33983	Q0507	Q0508	Q0509											
<p>Wound vac</p>	<p>Prior authorization required for the codes listed</p>	<p>E2402</p>												