

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 |
|-------------------------|---|---|
| Abdominal paracentesis | <p>Prior authorization required for the code identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p> | 49083 |
| Allergy immunotherapy | <p><u>For members younger than age 21:</u></p> <p>Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p><u>For members age 21 and older:</u></p> <p>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is <u>not</u> a covered benefit.</p> <p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none"> • Sustained an anaphylactic reaction to an unknown allergen • Exhibited such a severe allergic reaction where it's reasonable to | |

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|--|---|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|--|--|
| Allergy immunotherapy (cont'd) | 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> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Bone growth stimulator</p> <p>Electronic stimulation or ultrasound to heal fractures</p> | Prior authorization required for the codes identified | <table border="0"> <tr> <td>20974</td> <td>20975</td> <td>20979</td> <td>E0747</td> </tr> <tr> <td>E0748</td> <td>E0749</td> <td></td> <td></td> </tr> </table> | 20974 | 20975 | 20979 | E0747 | E0748 | E0749 | | | | | | | | | | | | | | | | | | |
| 20974 | 20975 | 20979 | E0747 | | | | | | | | | | | | | | | | | | | | | | | |
| E0748 | 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 | | | | | | | | | | | | | | |
| 81162 | 81211 | 81212 | 81213 | | | | | | | | | | | | | | | | | | | | | | | |
| 81214 | 81215 | 81216 | 81217 | | | | | | | | | | | | | | | | | | | | | | | |
| 81432 | 81433 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Breast reconstruction (non-mastectomy)</p> <p>Reconstruction of the breast except for after mastectomy</p> | 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 | | | |
| 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</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. | | | | | | | | | | | | | | | | | | | | | | | | |

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| Cardiology (cont'd) | participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echos prior to performance | Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Arizona > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk. |
| Carpal tunnel surgery | Prior authorization required for the code identified if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center | 64721 |
| Cataract surgery | Prior authorization required for the code identified if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center | 66821 66982 66984 |
| Chemotherapy | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis | The following injectable drugs require prior authorization: <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 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 . |
| Chiropractic care | <u>For members younger than age 21:</u> Prior authorization not required <u>For members age 21 and older:</u> Chiropractic care is <u>not</u> a covered benefit. | |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------------------------|----------------|----------------|
| <p>Circumcision</p> | <p>Routine circumcision is not a covered benefit.</p> <p>Prior authorization required <u>only</u> for cases with documented medical necessity.</p> | 54150 | 54160 | 54161 | 54162 |
| <p>Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p> | <p><u>For members younger than age 21:</u></p> <p>Prior authorization required for the codes identified</p> <p><u>For members age 21 and older:</u></p> <ul style="list-style-type: none"> • Prior authorization required for supplies, equipment maintenance and repair of component parts • Hardware is not a covered benefit. • Clinical documentation <u>must</u> accompany and establish medical necessity for this service request. | 69710 69930 L8691 | 69714 L8614 L8692 | 69715 L8619 | 69718 L8690 |
| <p>Colonoscopy</p> | <p>Prior authorization required for the codes identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p> | 45378 | 45380 | 45384 | 45385 |
| <p>Colony stimulating factor drugs</p> | <p>Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p> | <p><u>Injectable colony stimulating factor drugs that require prior authorization:</u></p> <ul style="list-style-type: none"> • J1442 filgrastim (Neupogen®) • J1447 tbo-filgrastim (Granix®) • J2505 pegfilgrastim (Neulasta®) • J2820 sargramostim (Leukine®) • Q5101 filgrastim, bio similar (Zarxio®) <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p> | | | |

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|--|---|---|--------|-------|--------|--------|--------|--------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <p>Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p> | <p>Prior authorization required for the codes identified</p> <p>Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.</p> <p><u>For codes with an asterisk:</u></p> <p>Prior authorization required if performed 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>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>21260</td> <td>21261</td> <td>21263</td> <td>21267</td> </tr> <tr> <td>21268</td> <td>21275</td> <td>21280</td> <td>21282</td> </tr> <tr> <td>21295</td> <td>21552*</td> <td>21740</td> <td>21742</td> </tr> <tr> <td>21743</td> <td>21931*</td> <td>28344</td> <td>30540</td> </tr> <tr> <td>30545</td> <td>30560</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 | 21260 | 21261 | 21263 | 21267 | 21268 | 21275 | 21280 | 21282 | 21295 | 21552* | 21740 | 21742 | 21743 | 21931* | 28344 | 30540 | 30545 | 30560 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21260 | 21261 | 21263 | 21267 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21268 | 21275 | 21280 | 21282 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21295 | 21552* | 21740 | 21742 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21743 | 21931* | 28344 | 30540 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30545 | 30560 | 30620 | 67900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67901 | 67902 | 67903 | 67904 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67906 | 67908 | 67909 | 67911 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67912 | 67914 | 67915 | 67916 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67917 | 67921 | 67922 | 67923 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67924 | 67950 | 67961 | 67966 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 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</i></p> | <p>For services not covered by Preferred Homecare, please review UnitedHealthcare Community Plan's Provider Manual for a list of contracted vendors related to DME products at UHCCCommunityPlan.com > For Health Care Professionals > Arizona > Claims and Member Information.</p> <table border="0"> <tr> <td>A9900</td> <td>A9999</td> <td>E0193</td> <td>E0194</td> </tr> <tr> <td>E0265</td> <td>E0266</td> <td>E0270</td> <td>E0277</td> </tr> <tr> <td>E0300</td> <td>E0302</td> <td>E0304</td> <td>E0328</td> </tr> <tr> <td>E0329</td> <td>E0445</td> <td>E0457</td> <td>E0460</td> </tr> <tr> <td>E0465</td> <td>E0466</td> <td>E0470</td> <td>E0471</td> </tr> <tr> <td>E0472</td> <td>E0483</td> <td>E0485</td> <td>E0486</td> </tr> </table> | A9900 | A9999 | E0193 | E0194 | E0265 | E0266 | E0270 | E0277 | E0300 | E0302 | E0304 | E0328 | E0329 | E0445 | E0457 | E0460 | E0465 | E0466 | E0470 | E0471 | E0472 | E0483 | E0485 | E0486 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A9900 | A9999 | E0193 | E0194 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E0265 | E0266 | E0270 | E0277 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E0300 | E0302 | E0304 | E0328 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E0329 | E0445 | E0457 | E0460 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E0465 | E0466 | E0470 | E0471 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E0472 | E0483 | E0485 | E0486 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization | | | |
|--|--------------------------------|--|--|--|--|
| <p>Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or a cumulative rental cost of more than \$500</p> | <p><i>and prosthetics.</i></p> | <p>E0620 E0641 E0652 E0669 E0691 E0700 E0782 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1232 E1236 E1250 E1300 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2628 E8001 K0008 K0108 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898</p> | <p>E0636 E0642 E0656 E0670 E0692 E0710 E0783 E0984 E1004 E1008 E1018 E1085 E1130 E1229 E1233 E1237 E1260 E1310 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2616 E2629 E8002 K0011 K0553 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899</p> | <p>E0637 E0650 E0667 E0673 E0693 E0745 E0784 E0986 E1005 E1009 E1030 E1086 E1140 E1230 E1234 E1238 E1285 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2626 E2630 K0005 K0013 K0554 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890</p> | <p>E0638 E0651 E0668 E0675 E0694 E0766 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1231 E1235 E1239 E1290 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2627 E8000 K0007 K0014 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891</p> |

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| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization |
|---|---|---|
| <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> | <p>21320 30140 30520 69436 69631</p> |
| <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> |
| <p>Experimental or investigational services</p> | <p>Prior authorization required for all services considered experimental and/or investigational</p> <p>For more information, please refer to the AHCCCS Medical Policy Manual Chapter 300, Policy 320 B at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 300: Medical Policy for Covered Services > Policy 320-B.</p> | <p>0191T 33477 36514 54240 55866 61863 61864 61867 61868 61886 62264 62290 62291 62292 64555 64722 66180 95965 95966 95967 95978 A4638 A9274 A9276 A9277 A9278 E1831 S1040</p> |

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| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|--|--|--|
| <p>Eye care/optometry</p> | <p><u>Benefits provided for members younger than age 21:</u></p> <ul style="list-style-type: none"> • One routine eye exam every 12 months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame for up to \$79.99 retail price • One replacement pair of glasses if lost, stolen or damaged • Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision. <p><u>For members age 21 and older:</u></p> <p>Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye</p> | <p>For member eye care services, please call Nationwide Vision at 800-481-2779.</p> | | | |
| <p>Femoracetabular impingement syndrome (FAI)</p> | <p>Prior authorization required for the codes identified</p> | 29914 | 29915 | 29916 | |
| <p>Functional endoscopic sinus surgery (FESS)</p> | <p>Prior authorization required for the codes identified</p> | 31240 31267 | 31254 31276 | 31255 31287 | 31256 31288 |
| <p>Genetic testing</p> | <p>Prior authorization required for all services not covered by LabCorp</p> <p>To determine prior authorization requirements, please call LabCorp at 800-788-9743.</p> | 88245 88262 88269 88274 88285 | 88248 88263 88271 88275 88289 | 88249 88264 88272 88280 88291 | 88261 88267 88273 88283 88299 |
| <p>Gynecologic 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> | 57522 58565 | 58353 | 58558 | 58563 |
| <p>Hearing aids and services Hearing evaluations and hearing aids</p> | <p><u>For members younger than age 21:</u></p> <p>Prior authorization not required</p> <p><u>For members age 21 and older:</u></p> <p>Prior authorization required</p> | 92590 92594 V5011 V5050 V5120 V5220 V5244 V5248 V5252 V5256 | 92591 92595 V5014 V5060 V5170 V5230 V5245 V5249 V5253 V5257 | 92592 S0618 V5030 V5095 V5180 V5242 V5246 V5250 V5254 V5258 | 92593 V5010 V5040 V5100 V5190 V5243 V5247 V5251 V5255 V5259 |

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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 (cont'd) | | V5260 V5267 | V5261 V5298 | V5262 | V5263 |
| Hernia repair | <p>Prior authorization required for the codes identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p> | 49505 49651 49655 | 49585 49652 | 49587 49653 | 49650 49654 |
| Home health care | Prior authorization required for the codes identified | G0299 | G0300 | S9123 | S9124 |
| Hospice | Prior authorization required for the codes identified | T2042 | T2043 | T2044 | T2045 |
| Incontinence supplies | To request services and/or supplies, please call Preferred Homecare at 800-636-2123 . | T4521 T4525 T4529 T4533 | T4522 T4526 T4530 T4534 | T4523 T4527 T4531 | T4524 T4528 T4532 |
| Infusion in-home services | Prior authorization required for all services not covered by Preferred Homecare | To request services and/or supplies, please call Preferred Homecare at 800-636-2123 . | | | |
| Injectable medications for in-home usage | Prior authorization required for all medications not covered by Preferred Homecare | To request medications, please call Preferred Homecare at 800-636-2123 . | | | |
| Injectable medications | Prior authorization required for the codes identified | <p>Acthar® J0800</p> <p>Botox® J0585 J0586 J0587 J0588</p> <p>Cerezyme®** J1786</p> <p>Cinqair® J2786</p> <p>ElELYso®** J3060</p> <p>Exondys 51™** C9484</p> <p>IVIG J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Lemtrada®</p> | | | |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization | | | | | | | | |
|--|---|---|-------|-------|-------|-------|-------|-------|-------|-------|
| Injectable medications (cont'd) | | <p>J0202</p> <p>Makena®* J1725 J2675</p> <p>Nucala® J2182</p> <p>Probuphine® J0570</p> <p>Soliris®** J1300</p> <p>Spinraza™** C9489</p> <p>Synagis®** 90378</p> <p>Unclassified*** J3490 J3590</p> <p>VPRIV® J3385</p> <p>Xolair®** J2357</p> <p>*For Makena prior authorization, please fax 888-899-1499. Fax forms are available at 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 J3490 and J3590, prior authorization is only required for Exondys 51**, Ocrevus, Radicava and Spinraza**.</p> | | | | | | | | |
| Inpatient admission | Notification required for admissions | | | | | | | | | |
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required for the codes identified | <table border="0"> <tr> <td>23470</td> <td>23472</td> <td>23473</td> <td>23474</td> </tr> <tr> <td>24360</td> <td>24361</td> <td>24362</td> <td>24363</td> </tr> </table> | 23470 | 23472 | 23473 | 23474 | 24360 | 24361 | 24362 | 24363 |
| 23470 | 23472 | 23473 | 23474 | | | | | | | |
| 24360 | 24361 | 24362 | 24363 | | | | | | | |

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| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Joint replacement (cont'd) | | 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 Prior authorization not required if performed at a participating ambulatory surgery center | 20680 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neuropsychological testing | Prior authorization required for the codes identified | 96116 | 96118 | 96119 | 96120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-emergent air ambulance transport | Prior authorization required for the codes identified | A0430 | A0431 | A0435 | A0436 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ophthalmologic | Prior authorization required for the codes identified if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center | 65426 | 65730 | 65855 | 66170 | 66761 | 67028 | 67036 | 67040 | 67228 | 67311 | 67312 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Orthognatic surgery Treatment of maxillofacial/jaw functional impairment | Prior authorization required for the codes identified | 21121 | 21123 | 21125 | 21127 | 21141 | 21142 | 21143 | 21145 | 21146 | 21147 | 21150 | 21151 | 21154 | 21155 | 21159 | 21160 | 21188 | 21193 | 21194 | 21195 | 21196 | 21198 | 21199 | 21206 | 21208 | 21209 | 21210 | 21215 | 21240 | 21242 | 21244 | 21245 | 21246 | 21247 | 21248 | 21249 | 21255 | 21296 | 21299 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|---|---|---|
| <p>Orthotics and prosthetics: more than \$500</p> <p>Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p> | <p>Prior authorization required for the codes identified</p> <p><u>For members younger than age 21 with orthotic limitation:</u></p> <ul style="list-style-type: none"> Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit. The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively. <p><u>For members age 21 and older:</u></p> <p>AHCCCS orthotics coverage applies if:</p> <ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition. The orthotic is ordered by a physician or primary care provider. <p><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. | L0112 L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 L1730 L1820 L1834 L1845 L1860 L2000 L2030 L2038 L2126 L2510 L2628 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3967 L3976 L4000 L4360 L4392 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 | L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1830 L1836 L1846 L1945 L2005 L2034 L2060 L2128 L2525 L2999 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3971 L3977 L4010 L4361 L4394 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 | L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1810 L1831 L1840 L1847 L1950 L2010 L2036 L2106 L2136 L2526 L3000 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3973 L3978 L4020 L4386 L4396 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 | L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1812 L1832 L1844 L1850 L1970 L2020 L2037 L2108 L2350 L2627 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3961 L3975 L3999 L4350 L4387 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 |

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| 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> | | L5642 | L5643 | L5644 | L5645 |
| | | L5646 | L5647 | L5648 | L5649 |
| | | L5651 | L5653 | L5661 | L5673 |
| | | L5681 | L5682 | L5683 | L5700 |
| | | L5701 | L5702 | L5703 | L5705 |
| | | L5706 | L5707 | L5716 | L5718 |
| | | L5722 | L5724 | L5726 | L5728 |
| | | L5780 | L5790 | L5795 | L5811 |
| | | L5812 | L5814 | L5816 | L5818 |
| | | L5822 | L5824 | L5826 | L5828 |
| | | L5830 | L5840 | L5845 | L5848 |
| | | L5856 | L5857 | L5858 | L5930 |
| | | L5950 | L5960 | L5961 | L5962 |
| | | L5964 | L5966 | L5968 | L5976 |
| | | L5979 | L5980 | L5981 | L5982 |
| | | L5984 | L5986 | L5987 | L5988 |
| | | L5990 | L5999 | L6000 | L6010 |
| | | L6020 | L6026 | L6050 | L6055 |
| | | L6100 | L6110 | L6120 | L6130 |
| | | L6200 | L6205 | L6250 | L6300 |
| | | L6310 | L6320 | L6350 | L6360 |
| | | L6370 | L6380 | L6382 | L6384 |
| | | L6400 | L6450 | L6500 | L6550 |
| | | L6570 | L6580 | L6582 | L6584 |
| | | L6586 | L6588 | L6590 | L6621 |
| | | L6623 | L6624 | L6646 | L6648 |
| | | L6686 | L6687 | L6689 | L6690 |
| | | L6692 | L6693 | L6694 | L6695 |
| | | L6696 | L6697 | L6704 | L6707 |
| | | L6708 | L6709 | L6711 | L6712 |
| | | L6713 | L6714 | L6715 | L6881 |
| | | L6882 | L6883 | L6884 | L6885 |
| | | L6895 | L6900 | L6905 | L6910 |
| | | L6915 | L6920 | L6925 | L6930 |
| | | L6935 | L6940 | L6945 | L6950 |
| | | L6955 | L6960 | L6965 | L6970 |
| | | L6975 | L7007 | L7008 | L7009 |
| | | L7040 | L7045 | L7170 | L7180 |
| | | L7181 | L7185 | L7186 | L7190 |
| | | L7191 | L7405 | L7499 | L8035 |
| L8040 | L8041 | L8042 | L8043 | | |
| L8044 | L8045 | L8046 | L8047 | | |
| L8499 | L8500 | L8609 | L8610 | | |
| L8612 | L8631 | L8659 | V2623 | | |
| V2627 | | | | | |

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|--|---|---|---|---|---|
| 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 | <p>Prior authorization required for the codes identified</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 therapy is covered in an inpatient or outpatient setting. Outpatient occupational therapy is:</p> <ul style="list-style-type: none"> • <u>Limited</u> to 15 visits per contract year, Oct. 1 – Sept. 30, to help an individual restore and maintain a particular skill or function that was lost due to injury or disease • <u>Limited</u> to 15 visits per contract year, Oct. 1 – Sept. 30, to help an individual attain and maintain a particular skill or function that was never learned or acquired <p><u>For QMB members:</u></p> <p>Covered for unlimited visits when medically necessary</p> | 92508 92524 | 92521 92526 | 92522 S9152 | 92523 92507 |
| Outpatient therapy – physical therapy | <p>Prior authorization required for the codes identified</p> <p><u>For members younger than age 21:</u></p> <p>Physical therapy is covered in an inpatient or outpatient setting. No benefit limits apply.</p> <p><u>For members age 21 and older:</u></p> <p>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 | 97010 97018 97033 97112 97140 97164 97168 | 97012 97022 97034 97113 97161 97165 97799 | 97014 97026 97039 97116 97162 97166 G0129 | 97016 97028 97110 97124 97163 97167 S8990 |

| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization | | | | | | | | |
|--|---|---|-------|-------|-------|-------|-------|-------|-------|-------|
| <p>Outpatient therapy – physical therapy (cont'd)</p> | <p>lost due to injury or disease</p> <ul style="list-style-type: none"> • <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>For QMB members:</p> <p>Covered for unlimited visits when medically necessary</p> | | | | | | | | | |
| <p>Pharmacy drugs</p> | <p>A list of medications requiring prior authorization is available at UHCCommunityPlan.com > For Healthcare Professionals > Arizona > Pharmacy Program.</p> <p>Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.</p> <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> • Acthar® gel • Aldurazyme® • Ceprotin® • Cerezyme® • Cinryze® • Elaprase® • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • VPRIV® | <p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: 800-310-6826 Fax: 866-940-7328</p> <p>For specialty pharmacy prior authorization, please fax 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> | | | | | | | | |
| <p>Pregnancy termination</p> | <p>Prior authorization required for the codes identified</p> <p>Prior authorization includes Mifepristone, Mifeprex or RU-486</p> <p>Clinical documentation and the Certificate of Medical Necessity for pregnancy termination <u>must</u> accompany the prior authorization</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 | | | | | | | |

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|---|---|---|-------|-------|--|
| <p>Pregnancy termination (cont'd)</p> | <p>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> | | | | |
| <p>Private duty nursing</p> | <p>Prior authorization required for the codes identified</p> | T1002 | T1003 | | |
| <p>Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p> | <p>Prior authorization required for the codes identified</p> | 77520 | 77522 | 77523 | 77525 |
| <p>Radiology</p> | <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 UHCCcommunityplan.com > For Health Care Professionals > Arizona > Radiology > CPT Code List.</p> | | | |
| <p>Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation</p> | <p>Prior authorization required for the codes identified</p> | 30400 | 30410 | 30420 | 30430 30435 30450 30460 30462 30465 |
| <p>Sinuplasty</p> | <p>Prior authorization required for the codes identified</p> | 31295 | 31296 | 31297 | |
| <p>Skilled nursing facility services</p> | <p>Prior authorization required</p> | | | | |

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Effective October 1, 2017**



| Procedures and Services | Additional Information | Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|--|---|---|
| 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 63305 64553 | 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 63306 64570 | 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 63307 | 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 63308 |
| Sterilization | <u>For all members younger than age 21:</u> Prior authorization required Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form. | 52601 52649 55821 58200 58262 58275 | 52630 55250 55831 58210 58263 58280 | 52647 55450 58150 58240 58267 58285 | 52648 55801 58180 58260 58270 58290 |

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|---------------------------------|---|---|--|---|---|
| Sterilization (cont'd) | <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> | 58291 58541 58548 58554 58573 58615 58951 59135 | 58292 58542 58550 58570 58600 58670 58953 59525 | 58293 58543 58552 58571 58605 58671 58954 | 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 transplants, please call the UnitedHealthcare Community & State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.</p> <p>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</p> | | | |
| Transportation | <p>Prior authorization required for non-emergent taxi and stretcher van</p> | <p>To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at 888-700-6822.</p> | | | |

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|---|---|--|-------|-------|-------|
| Upper gastrointestinal endoscopy | <p>Prior authorization required for the codes identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p> | 43235 | 43239 | 43249 | |
| Urologic procedures | <p>Prior authorization required for the codes identified if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p> | 50590 | 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 . | | | |
| | | 0051T | 0052T | 0053T | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | Q0507 | Q0508 | Q0509 |
| Wound vac | Prior authorization required for the code identified | E2402 | | | |