

### General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan of Arizona Long Term Care 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:** 800-377-2055
- **Fax:** 800-278-2907; fax form is available at UHCCCommunityPlan.com > For Health Care Professionals > Arizona > Provider Forms.

### Important Information

- **To be eligible for 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><b><u>For members younger than age 21:</u></b></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><b><u>For members age 21 and older:</u></b></p> <p>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, <b>is <u>not</u> a covered benefit.</b></p> <p>Allergy testing, including testing for common allergens, <b>is a covered benefit</b> when the member has:</p> <ul style="list-style-type: none"> <li>• Sustained an anaphylactic reaction to an unknown allergen</li> <li>• 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. <b><u>Prior authorization is required for these situations.</u></b></li> </ul>	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<b>Bariatric surgery</b>	Prior authorization required for the codes listed	43644 43770 43846 43882	43645 43775 43847 64590	43648 43842 43848	43659 43845 43860
<b>Behavioral health</b>	Prior authorization required for inpatient admissions  Prior authorization required for outpatient behavioral health	H0018 H0037 H2015 H2020 S5109 T1002 T1020	H0025 H0038 H2016 H2025 S5110 T1003	H0034 H2012 H2017 H2026 S5150 T1016	H0036 H2014 H2019 H2027 S5151 T1019
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975 E0749	20979 E0760	E0747	E0748
<b>BRCA genetic testing</b>	Prior authorization required for the codes listed  Please direct all lab requests to LabCorp at <b>800-533-0567</b> for review and processing.	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except for after mastectomy	Prior authorization required for the codes listed	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
<b>Chiropractic care</b>	<b><u>For members younger than age 21:</u></b>  Prior authorization not required  <b><u>For members age 21 and older:</u></b>  Chiropractic care is <b>not</b> a covered benefit.				
<b>Circumcision</b>	Routine circumcision is <u>not</u> a covered benefit.  Prior authorization required <u>only</u> for cases with documented medical necessity.	54150	54160	54161	54162
<b>Cochlear and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	<b><u>For members younger than age 21:</u></b>  Prior authorization required for the codes listed  <b><u>For members age 21 and older:</u></b>  <ul style="list-style-type: none"> <li>• Prior authorization required for supplies, equipment maintenance and repair of component parts</li> <li>• Hardware is <u>not</u> a covered benefit.</li> </ul>	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690

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<b>Cochlear and other auditory implants (cont'd)</b>	Clinical documentation <u>must</u> accompany and establish medical necessity for this service request.				
<p><b>Cosmetic and reconstructive procedures</b> 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 listed</p> <p><b>Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.</b></p>	11960 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	11971 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
<b>Dental services</b>	<p>For prior authorization requirements, please call UnitedHealthcare Dental at <b>877-408-0166</b>.</p> <p>For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300 Policy 310-D2 at <b>AZAHCCCS.gov</b> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual &gt; Chapter 300: Dental Services for Members 21 Years of Age and Older &gt; Policy 310-D2.</p>				
<b>Diabetic supplies</b>	<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 <b>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Arizona &gt; Claims and Member Information.</p>			
<p><b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>	<p>Prior authorization required for the codes listed</p> <p><b>UnitedHealthcare Community Plan Long Term Care will review Medicare denials of DME. Clinical documentation and a copy of the denial <u>must</u> accompany and establish medical necessity for the service request.</b></p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	E0193 E0270 E0304 E0460 E0636 E0656 E0693 E0745 E0986 E1005 E1009 E1036 E1232	E0194 E0277 E0329 E0466 E0638 E0669 E0694 E0766 E1002 E1006 E1010 E1161 E1233	E0265 E0300 E0445 E0483 E0641 E0670 E0700 E0784 E1003 E1007 E1030 E1229 E1234	E0266 E0302 E0457 E0620 E0642 E0675 E0710 E0984 E1004 E1008 E1035 E1231 E1235

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<p><b>Durable medical equipment (DME): more than \$500 (cont'd)</b> DME codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>		E1236 E1902 E2230 E2325 E2351 E2504 E2510 E2626 E2630 K0013 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890	E1237 E2100 E2300 E2327 E2373 E2506 E2511 E2627 E8001 K0108 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891	E1238 E2227 E2301 E2329 E2500 E2508 E2511 E2628 K0005 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	E1239 E2228 E2322 E2331 E2502 E2510 E2599 E2629 K0008 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886
<p><b>Enteral services/parental/oral</b> In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements</p>	<p>Prior authorization required for the codes listed</p> <p><b>Clinical documentation and oral supplement Certificate of Medical Necessity as applicable <u>must</u> accompany and establish medical necessity for this service request.</b></p> <p><b><u>For members younger than age 21:</u></b></p> <p>For more information, please review AMPM Chapter 400 Policy 430-10 at <b>AZAHCCCS.gov</b> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual &gt; Chapter 400: Medical Policy for Maternal and Child Health &gt; Policy 430-10.</p> <p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <b>AZAHCCCS.gov</b> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual &gt; Chapter 400: Medical Policy for Maternal and Child Health &gt; Exhibit 430-2.</p>	B4034 B4102 B4150 B4158 B9000	B4035 B4103 B4152 B4159 B9002	B4036 B4104 B4153 B4160 B9998	B4100 B4149 B4155 B4161

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<p><b>Enteral services/parental/oral (cont'd)</b></p>	<p><b><u>For members age 21 and older:</u></b></p> <p>Please review AMPM Chapter 300, Policy 310-GG at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual &gt; Chapter 300: Medical Policy for Covered Services &gt; Policy 310-123.</p> <p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual &gt; Chapter 300: Medical Policy for Covered Services &gt; Attachment C.</p>				
<p><b>Experimental or investigational services</b></p>	<p>Prior authorization required for all services considered experimental and/or investigational</p> <p>For more information, please refer to AMPM Chapter 300, Policy 320 B at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual &gt; Chapter 300: Medical Policy for Covered Services &gt; Policy 320-B.</p>	<p>0191T 61863 61886 95978</p>	<p>33477 61864 64555 A4638</p>	<p>36514 61867 64722 A9274</p>	<p>55866 61868 66180 E1831</p>
<p><b>Eye care/optometry</b></p>	<p><b><u>Benefits provided for members younger than age 21:</u></b></p> <ul style="list-style-type: none"> <li>• One routine eye exam every 12 months</li> <li>• Regular single vision bifocal or trifocal polycarbonate lenses</li> <li>• Frame for up to \$79.99 retail price</li> <li>• One replacement pair of glasses if lost, stolen or damaged</li> <li>• Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision.</li> </ul> <p><b><u>For members age 21 and older:</u></b></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 <b>800-481-2779</b>.</p>			
<p><b>Femoracetabular impingement syndrome (FAI)</b></p>	<p>Prior authorization required for the codes listed</p>	<p>29914</p>	<p>29915</p>	<p>29916</p>	
<p><b>Functional endoscopic sinus surgery (FESS)</b></p>	<p>Prior authorization required for the codes listed</p>	<p>31240 31267</p>	<p>31254 31276</p>	<p>31255 31287</p>	<p>31256 31288</p>

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<b>Genetic testing</b>	<p>Prior authorization required for services not covered by LabCorp</p> <p>To determine prior authorization requirements, please call LabCorp at <b>800-788-9743</b>.</p>	88245 88262 88269 88274 88285	88248 88263 88271 88275 88289	88249 88264 88272 88280 88291	88261 88267 88273 88283 88299
<p><b>Hearing aids and services</b> Hearing evaluations and hearing aids</p>	<p><b><u>For members younger than age 21:</u></b></p> <p>Prior authorization not required</p> <p><b><u>For members age 21 and older:</u></b></p> <p>Prior authorization required</p>	92590 92594 V5011 V5050 V5120 V5220 V5244 V5248 V5252 V5256 V5260 V5267	92591 92595 V5014 V5060 V5170 V5230 V5245 V5249 V5253 V5257 V5261 V5298	92592 S0618 V5030 V5095 V5180 V5242 V5246 V5250 V5254 V5258 V5262	92593 V5010 V5040 V5100 V5190 V5243 V5247 V5251 V5255 V5259 V5263
<b>Home- and community-based services</b>	Prior authorization required	For home- and community-based services, please call UnitedHealthcare Community Plan at <b>800-377-2055</b> or the notification number on the back of the member's health plan ID card.			
<b>Home health care</b>	<p>Prior authorization required for the codes listed</p> <p><b>Infusion services</b> – prior authorization not required</p>	<p>For codes G0299, G0300, S9123 and S9124, please fax Case Management at <b>877-395-5993</b> to complete the request. Fax forms are available at <b>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Arizona &gt; Provider Forms.</p> <p>G0299    G0300    S9123    S9124</p>			
<b>Hospice</b>	Prior authorization required for the codes listed	<p>For prior authorization, please call the Long Term Care Case Management Unit at <b>602-255-8908</b> to complete the request.</p> <p>T2042    T2043    T2044    T2045</p>			
<b>Incontinence supplies</b>	<p>Incontinence supplies are a benefit only when provided through Byram Healthcare.</p> <p><b><u>For members younger than age 21:</u></b></p> <p>Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month.</p> <p><b><u>For members age 21 and older:</u></b></p> <p>Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.</p>	<p>To request incontinence supplies, please call Byram Healthcare at <b>877-902-9726</b>.</p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<p><b>Injectable medications</b></p>	<p>Prior authorization required for the codes listed</p>	<p><b>Acthar®</b> J0800</p> <p><b>Botox®</b> J0585      J0586      J0587      J0588</p> <p><b>Brineura™</b> C9014</p> <p><b>Cerezyme®**</b> J1786</p> <p><b>Cinqair®</b> J2786</p> <p><b>Elelyso®**</b> J3060</p> <p><b>Exondys 51™**</b> J1428</p> <p><b>Ilaris®</b> J0638</p> <p><b>IVIG</b> J1459      J1555      J1556      J1557 J1559      J1561      J1566      J1568 J1569      J1572      J1575      J1599</p> <p><b>Lemtrada®</b> J0202</p> <p><b>Makena®*</b> J1726      J1729      J2675</p> <p><b>Nucala®</b> J2182</p> <p><b>Ocrevus™</b> J2350</p> <p><b>Probuphine®</b> J0570</p> <p><b>Radicava®</b> C9493</p> <p><b>Soliris®**</b> J1300</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Injectable medications (cont'd)		<p><b>Spinraza™**</b> J2326</p> <p><b>Synagis®**</b> 90378</p> <p><b>Unclassified***</b> C9399    J3490    J3590</p> <p><b>VPRIV®</b> J3385</p> <p><b>Xolair®**</b> 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 &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>*For Makena prior authorization, please fax <b>888-899-1499</b>. Fax forms are available at <b>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Arizona &gt; Provider Forms &gt; Additional Forms &gt; 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 <b>800-310-6826</b>.</p> <p>*** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasentra™, Luxturna™ and Radicava.</p>
Inpatient admission	<p>Prior authorization required for inpatient admissions including:</p> <ul style="list-style-type: none"> <li>● Elective surgical with admission</li> <li>● Hospice</li> <li>● Skilled nursing facilities</li> <li>● Long term acute care/rehabilitation</li> </ul>	



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<b>Inpatient admission (cont'd)</b>	<ul style="list-style-type: none"> <li>Behavioral/substance abuse</li> </ul> <p>Prior authorization not required for emergency services</p>				
<b>Inpatient – observation</b>	<p>Prior authorization not required</p> <p>Notification required if member is admitted for an inpatient stay</p> <p><b>Observation <u>must</u> be ordered in writing by a physician, or other individual authorized by hospital staff bylaws, to admit patients to the hospital or to order outpatient diagnostic tests or treatments.</b></p>				
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required for the codes listed	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487	23474 24363 27122 27134 27446 29866
<b>Laboratory services</b>	<p>Prior authorization not required</p> <p>If you have questions, please call LabCorp at <b>800-788-9743</b>.</p>				
<b>Neuropsychological testing</b>	Prior authorization required for the codes listed	96116	96118	96119	96120
<b>Non-emergent air ambulance transport</b>	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> 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
<b>Orthotics and prosthetics: more than \$500</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	<p>Prior authorization required for the codes listed</p> <p><b><u>For members younger than age 21 with orthotic limitation:</u></b></p> <ul style="list-style-type: none"> <li>Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair</li> </ul>	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>cost is less than purchasing another unit.</p> <ul style="list-style-type: none"> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively.</li> </ul> <p><b><u>For members age 21 and older:</u></b></p> <p>AHCCCS orthotics coverage applies if:</p> <ul style="list-style-type: none"> <li>The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.</li> <li>The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.</li> <li>The orthotic is ordered by a physician or primary care provider.</li> </ul> <p><b><u>For members age 21 and older with orthotic limitation:</u></b></p> <ul style="list-style-type: none"> <li>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.</li> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively.</li> </ul>	L1720 L1831 L1844 L1945 L2020 L2037 L2108 L2350 L3230 L3674 L3764 L3905 L3999 L5010 L5100 L5200 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5639 L5644 L5653 L5703 L5724 L5790 L5814 L5824 L5848 L5950 L5966 L5980 L5987 L6020 L6110 L6205 L6320 L6382 L6500 L6582 L6590 L6646 L6689	L1730 L1834 L1845 L1950 L2030 L2038 L2126 L2526 L3265 L3720 L3900 L3961 L4000 L5020 L5105 L5210 L5280 L5331 L5460 L5520 L5560 L5590 L5613 L5640 L5646 L5661 L5706 L5726 L5795 L5816 L5826 L5857 L5960 L5968 L5981 L5988 L6050 L6120 L6250 L6360 L6384 L6550 L6584 L6621 L6648 L6690	L1755 L1836 L1847 L2000 L2034 L2060 L2128 L2627 L3649 L3730 L3901 L3976 L4010 L5050 L5150 L5220 L5301 L5341 L5500 L5530 L5570 L5595 L5614 L5642 L5648 L5682 L5716 L5728 L5811 L5818 L5828 L5858 L5961 L5976 L5982 L5990 L6055 L6130 L6300 L6370 L6400 L6570 L6586 L6623 L6686 L6692	L1830 L1840 L1860 L2005 L2036 L2106 L2136 L2628 L3671 L3740 L3904 L3977 L4020 L5060 L5160 L5230 L5312 L5400 L5505 L5535 L5580 L5600 L5616 L5643 L5651 L5702 L5718 L5780 L5812 L5822 L5830 L5930 L5964 L5979 L5984 L6000 L6100 L6200 L6310 L6380 L6450 L6580 L6588 L6624 L6687 L6693

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L6694 L6704 L6711 L6715 L6884 L6905 L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8047 L8612	L6695 L6707 L6712 L6881 L6885 L6910 L6940 L6960 L7007 L7045 L7185 L7405 L8044 L8499 L8631	L6696 L6708 L6713 L6882 L6895 L6920 L6945 L6965 L7008 L7170 L7186 L8040 L8045 L8609	L6697 L6709 L6714 L6883 L6900 L6925 L6950 L6970 L7009 L7180 L7190 L8042 L8046 L8610
<p><b>Out-of-state</b></p>	<p>Benefit only approved when service is emergent or unavailable in the state of Arizona</p>				
<p><b>Out-of-state services</b></p>	<p>Prior authorization required for all out-of-network services</p>				
<p><b>Outpatient therapy</b></p>	<p><b><u>For members younger than age 21:</u></b>  Prior authorization required for the codes listed  Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. <b>No benefit limits apply.</b></p> <p><b><u>For members age 21 and older:</u></b>  Prior authorization required for the codes listed for occupational and speech therapy  Prior authorization not required for physical therapy  Physical therapy is covered in an inpatient or outpatient setting. <b>Outpatient physical therapy is:</b></p> <ul style="list-style-type: none"> <li>• <b>Limited</b> to 15 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</li> <li>• <b>Limited</b> to 15 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</li> </ul>	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization								
Outpatient therapy (cont'd)	<p><b>For QMB members:</b></p> <p>Co-pays are covered when medically necessary until Medicare benefit exhausts.</p>									
Pharmacy drugs	<p>A list of medications requiring prior authorization is available at <b>UHCCommunityPlan.com</b> &gt; For Healthcare Professionals &gt; Arizona &gt; Pharmacy Program.</p> <p><b>Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.</b></p> <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> <li>• Acthar® gel</li> <li>• Aldurazyme®</li> <li>• Ceprotin®</li> <li>• Cerezyme®</li> <li>• Cinryze®</li> <li>• Elaprase®</li> <li>• Elelyso®</li> <li>• Fabrazyme®</li> <li>• Juxtapid®</li> <li>• Kalydeco®</li> <li>• Kuvan®</li> <li>• Kynamro®</li> <li>• Lumizyme®</li> <li>• Myozyme®</li> <li>• Orfadin®</li> <li>• VPRIV®</li> </ul>	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: <b>800-310-6826</b> Fax: <b>866-940-7328</b></p> <p>For specialty pharmacy prior authorization, please fax <b>866-940-7328</b>.</p> <p>Fax forms are available at <b>UHCCommunityPlan.com</b> &gt; Arizona &gt; Pharmacy Program &gt; Pharmacy Prior Authorization Forms &gt; 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><b>Clinical documentation and the Certificate of Medical Necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.</b></p> <p>For more information, please review AMPM Chapter 400 Policy 410-15 at <b>AZAHCCCS.gov</b> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual &gt; Chapter 400: Medical Policy for Maternal and Child Health &gt; Policy 410-15.</p> <p>The Certificate of Medical Necessity For Pregnancy Termination can be found at</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							

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<b>Pregnancy termination (cont'd)</b>	<b>AZAHCCCS.gov</b> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 400: Medical Policy for Maternal and Child Health > Exhibit 410-4.				
<b>Proton beam therapy</b> 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
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request the following advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 fax <b>800-278-2907</b> to complete your request. Fax forms are available at <b>UHCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Arizona &gt; Provider Forms.</p>			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes listed	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required for the codes listed	31295	31296	31297	
<b>Skilled nursing facility services</b>	<p>Prior authorization required</p> <p>Separate prior authorization required for outpatient services</p>				
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required for the codes listed	21685	41599	42145	
<b>Spinal stimulator for pain management</b>	Prior authorization required for the codes listed	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required for the codes listed	0095T 22101 22114 22212 22532 22554 22595 22630 22804 22818 22850 22861 63001 63012 63020	0098T 22102 22206 22214 22533 22556 22600 22633 22808 22819 22852 22864 63003 63015 63030	0164T 22110 22207 22220 22548 22558 22610 22800 22810 22830 22855 22865 63005 63016 63040	22100 22112 22210 22224 22551 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont'd)		63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570	63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308
Sterilization	<p>Prior authorization required for the codes listed</p> <p><b><u>For all members younger than age 21:</u></b></p> <p>Prior authorization required</p> <p><b>Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.</b></p> <p>For more information, please review AMPM Chapter 400 Policy 410-16 at <b>AZAHCCCS.gov</b> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual &gt; Chapter 400: Medical Policy for Maternal and Child Health &gt; Policy 420-6.</p> <p>The Consent for Sterilization form can be found at <b>AZAHCCCS.gov</b> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual &gt; Chapter 400: Medical Policy for Maternal and Child Health &gt; Exhibit 420-1.</p>	<p>52601 52649 55821 58200 58262 58275 58291 58541 58548 58554 58573 58611 58700 58956</p> <p>52630 55250 55831 58210 58263 58280 58292 58542 58550 58570 58565 58615 58951 59135</p> <p>52647 55450 58150 58240 58267 58285 58293 58543 58552 58571 58600 58670 58953 59525</p> <p>52648 55801 58180 58260 58270 58290 58294 58544 58553 58572 58605 58671 58954</p>			
Transplant services	<p>Prior authorization required for the codes listed</p> <p><b>Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.</b></p>	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.</p> <p>32850 32854 33933 33945 38212 38232</p> <p>32851 32855 33935 38208 38213 38240</p> <p>32852 32856 33940 38209 38214 38241</p> <p>32853 33930 33944 38210 38215 38242</p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<b>Transplant services (cont'd)</b>		44132 44137 47133 47142 47146 48554 50325 50370 S2061	44133 44715 47135 47143 47147 50300 50340 50380 S2152	44135 44720 47140 47144 48551 50320 50360 50547	44136 44721 47141 47145 48552 50323 50365 S2060
<b>Transportation</b>	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at <b>888-700-6822</b> .			
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required for the codes listed	61885 L8685	64568 L8686	L8680 L8687	L8682 L8688
<b>Vein procedures</b> 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 listed	36468 37700	36473 37718	36475 37722	36478 37780
<b>Ventricular assist devices</b> 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 listed	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 <b>855-282-8929</b> .			
<b>Wound vac</b>	Prior authorization required for the codes listed  A negative pressure wound therapy (NPWT) pump and supplies will be denied if one or more of the following are present: <ul style="list-style-type: none"> <li>• Necrotic tissue with eschar in the wound, if debridement isn't attempted</li> <li>• Untreated osteomyelitis within vicinity of the wound</li> <li>• Cancer tissue in the wound</li> <li>• Untreated fistula to an organ or body cavity within vicinity of the wound</li> </ul> Criteria for continued coverage is no longer met <ul style="list-style-type: none"> <li>• Supplies and equipment are no longer         </li> </ul>	E2402			

<b>Procedures and Services</b>	<b>Additional Information</b>	<b>Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization</b>
<b>Wound vac (cont'd)</b>	being used by the member	