

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:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **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><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 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> 	

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 identified	43644 43770 43846 43882	43645 43775 43847 64590	43648 43842 43848	43659 43845 43860
Behavioral health	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
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes identified	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing	Prior authorization required for the codes identified Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization required for the codes identified	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Chiropractic care	<u>For members younger than age 21:</u> Prior authorization not required <u>For members age 21 and older:</u> Chiropractic care is not a covered benefit.				
Circumcision	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
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	<u>For members younger than age 21:</u> Prior authorization required for the codes identified <u>For members age 21 and older:</u>	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Cochlear and other auditory implants (cont'd)	<ul style="list-style-type: none"> Prior authorization required for supplies, equipment maintenance and repair of component parts Hardware is <u>not</u> a covered benefit. <p>Clinical documentation <u>must</u> accompany and establish medical necessity for this service request.</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 identified Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.	11960 15847 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966	11971 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924	15823 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	15830 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961
Dental services	For prior authorization requirements, please call UnitedHealthcare Dental at 877-408-0166 . For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300 Policy 310-D2 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-D2.				
Diabetic supplies	Diabetic supplies are provided by the local pharmacy. Prior authorization for talking glucometers available through the medical prior authorization process	To locate contracted care providers or vendors, please visit UHCCCommunityPlan.com > For Health Care Professionals > Arizona > Claims and Member Information.			
Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or a cumulative rental cost of more than \$500	Prior authorization required for the codes identified UnitedHealthcare Community Plan Long Term Care will review Medicare denials of DME. Clinical documentation and a copy of the denial <u>must</u>	A9900 E0265 E0300 E0329 E0465	A9999 E0266 E0302 E0445 E0466	E0193 E0270 E0304 E0457 E0470	E0194 E0277 E0328 E0460 E0471

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>accompany and establish medical necessity for the service request.</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	<p>E0472 E0601 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 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898</p>	<p>E0483 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 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899</p>	<p>E0485 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 K0606 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890</p>	<p>E0486 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 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																												
<p>Enteral services/parental/oral 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 identified</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>	<table border="0"> <tr> <td>B4034</td> <td>B4035</td> <td>B4036</td> <td>B4100</td> </tr> <tr> <td>B4102</td> <td>B4103</td> <td>B4104</td> <td>B4149</td> </tr> <tr> <td>B4150</td> <td>B4152</td> <td>B4153</td> <td>B4155</td> </tr> <tr> <td>B4158</td> <td>B4159</td> <td>B4160</td> <td>B4161</td> </tr> <tr> <td>B9000</td> <td>B9002</td> <td>B9998</td> <td></td> </tr> </table>	B4034	B4035	B4036	B4100	B4102	B4103	B4104	B4149	B4150	B4152	B4153	B4155	B4158	B4159	B4160	B4161	B9000	B9002	B9998									
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B4150	B4152	B4153	B4155																											
B4158	B4159	B4160	B4161																											
B9000	B9002	B9998																												
<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 AMPM Chapter 300, Policy 320 B at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 300: Medical Policy for Covered Services > Policy 320-B.</p>	<table border="0"> <tr> <td>0191T</td> <td>33477</td> <td>36514</td> <td>54240</td> </tr> <tr> <td>55866</td> <td>61863</td> <td>61864</td> <td>61867</td> </tr> <tr> <td>61868</td> <td>61886</td> <td>62264</td> <td>62290</td> </tr> <tr> <td>62291</td> <td>62292</td> <td>64555</td> <td>64722</td> </tr> <tr> <td>66180</td> <td>95965</td> <td>95966</td> <td>95967</td> </tr> <tr> <td>95978</td> <td>A4638</td> <td>A9274</td> <td>A9276</td> </tr> <tr> <td>A9277</td> <td>A9278</td> <td>E1831</td> <td>S1040</td> </tr> </table>	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
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A9277	A9278	E1831	S1040																											

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
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>	<p>For member eye care services, please call Nationwide Vision at 800-481-2779.</p>			
Femoracetabular impingement syndrome (FAI)	<p>Prior authorization required for the codes identified</p>	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	<p>Prior authorization required for the codes identified</p>	31239	31240	31254	31255
Genetic testing	<p>Prior authorization required for services not covered by LabCorp</p> <p>To determine prior authorization requirements, please call LabCorp at 800-788-9743.</p>	88245	88248	88249	88261
Hearing aids and services Hearing evaluations and hearing aids	<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	92591	92592	92593
Home health care	<p>Prior authorization required for the codes identified</p> <p>Infusion services – prior authorization not required</p>	<p>For codes G0299, G0300, S9123 and S9124, please fax Case Management at 877-395-5993 to complete the request. Fax forms are available at UHCCommunityPlan.com > For Health Care Professionals > Arizona > Provider Forms.</p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Home health care (cont'd)		G0299 G0300 S9123 S9124
Hospice	Prior authorization required for the codes identified	For prior authorization, please call the Long Term Care Case Management Unit at 602-255-8908 to complete the request. T2042 T2043 T2044 T2045
Incontinence supplies	<p><u>For members younger than age 21:</u></p> <p>Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month.</p> <p><u>For members age 21 and older:</u></p> <p>Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.</p>	
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>IVIG J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Makena®* J1725 J2675</p> <p>Nucala® J2182</p> <p>Probuphine® J0570</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																				
Injectable medications (cont'd)		<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 UHCommunityPlan.com > For Health Care Professionals > Arizona > Provider Forms > Additional Forms > Makena Prior Authorization Form.</p> <p>**For 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™ and Spinraza™.</p>																				
Inpatient admission	<p>Prior authorization required for inpatient admissions including:</p> <ul style="list-style-type: none"> • Elective surgical with admission • Hospice • Skilled nursing facilities • Long term acute care/rehabilitation • Behavioral/substance abuse <p>Prior authorization not required for emergency services</p>																					
Inpatient – observation	<p>Prior authorization not required</p> <p>Notification required if member is admitted for an inpatient stay</p> <p>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.</p>																					
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> <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> </table>	23470	23472	23473	23474	24360	24361	24362	24363	24370	24371	27120	27122	27125	27130	27132	27134	27137	27138	27412	27446
23470	23472	23473	23474																			
24360	24361	24362	24363																			
24370	24371	27120	27122																			
27125	27130	27132	27134																			
27137	27138	27412	27446																			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Joint replacement (cont'd)		27447 29867	27486 29868	27487	29866
Laboratory services	Prior authorization not required If you have questions, please call LabCorp at 800-788-9743 .				
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
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required for the codes identified	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249 30465
Orthotics and prosthetics: more than \$500 Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required for the codes identified <u>For members younger than age 21 with orthotic limitation:</u> <ul style="list-style-type: none"> Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit. The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively. <u>For members age 21 and older:</u> AHCCCS orthotics coverage applies if: <ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment 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 L1200 L1680 L1720 L1812 L1832 L1844 L1850 L1970 L2020 L2037 L2108 L2350 L2627 L3160 L3204 L3213 L3217	L0170 L0480 L0624 L0634 L0640 L0820 L0999 L1300 L1685 L1730 L1820 L1834 L1845 L1860 L2000 L2030 L2038 L2126 L2510 L2628 L3201 L3206 L3214 L3219	L0456 L0482 L0629 L0636 L0700 L0830 L1000 L1700 L1755 L1830 L1836 L1846 L1945 L2005 L2034 L2060 L2128 L2525 L2999 L3202 L3207 L3215 L3221	L0462 L0484 L0631 L0637 L0710 L0859 L1005 L1499 L1710 L1810 L1831 L1840 L1847 L1950 L2010 L2036 L2106 L2136 L2526 L3000 L3203 L3212 L3216 L3222

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. 	L3230 L3253 L3674 L3763 L3900 L3961 L3975 L3999 L4210 L4386 L4396 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5683 L5703 L5716 L5726 L5782 L5812 L5822 L5830 L5856 L5950 L5964 L5979 L5984 L5990 L6020 L6100 L6200 L6310 L6370 L6400 L6570	L3250 L3265 L3720 L3764 L3901 L3967 L3976 L4000 L4350 L4387 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5700 L5705 L5718 L5728 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5980 L5986 L5999 L6026 L6110 L6205 L6320 L6380 L6450 L6580	L3251 L3649 L3730 L3765 L3904 L3971 L3977 L4010 L4360 L4392 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5681 L5701 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5981 L5987 L6000 L6050 L6120 L6250 L6350 L6382 L6500 L6582	L3252 L3671 L3740 L3766 L3905 L3973 L3978 L4020 L4361 L4394 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5682 L5702 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5930 L5962 L5976 L5982 L5988 L6010 L6055 L6130 L6300 L6360 L6384 L6550 L6584

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>		L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8040 L8044 L8499 L8612 V2627	L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8041 L8045 L8500 L8631	L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7499 L8042 L8046 L8609 L8659	L6621 L6648 L6690 L6695 L6707 L6712 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8035 L8043 L8047 L8610 V2623
Out-of-state	Benefit only approved when service is emergent or unavailable in the state of Arizona				
Out-of-state services	Prior authorization required for all out-of-network services				
Outpatient therapy – occupational and speech therapy	<p>Prior authorization required for the codes identified</p> <p>There is no annual 15 visit limit.</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 	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>or function that was lost due to injury or disease</p> <ul style="list-style-type: none"> Limited 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>For QMB members:</p> <p>Co-pays are covered when medically necessary until Medicare benefit exhausts.</p>									
<p>Pharmacy drugs</p>	<p>A list of medications requiring prior authorization is available at UHCommunityPlan.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® Ceprotrin® Cerezyme® 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 UHCommunityPlan.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 request form.</p> <p>For more information, please review AMPM Chapter 400 Policy 410-15 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			
<p>Pregnancy termination (cont'd)</p>	<p>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>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 fax 800-278-2907 to complete your request. Fax forms are available at UHCommunityPlan.com > For Health Care Professionals > Arizona > Provider Forms.</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
<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> <p>Separate prior authorization required for outpatient services</p>				
<p>Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea</p>	<p>Prior authorization required for the codes identified</p>	21685	41599	42145	
<p>Spinal stimulator for pain management</p>	<p>Prior authorization required for the codes identified</p>	63650	63655	63685	
<p>Spinal surgery</p>	<p>Prior authorization required for the codes identified</p>	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont'd)		22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570	22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308
Sterilization	<p>Prior authorization required for the codes identified</p> <p>For all members younger than age 21:</p> <p>Prior authorization required</p> <p>Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.</p> <p>For more information, please review AMPM Chapter 400 Policy 410-16 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 400: Medical Policy for Maternal and Child Health > Policy 420-6.</p> <p>The Consent for Sterilization form can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual > Chapter 400: Medical Policy for Maternal and Child Health > Exhibit 420-1.</p>	52601 52649 55821 58200 58262 58275 58291 58541 58548 58554 58573 58611 58700 58956	52630 55250 55831 58210 58263 58280 58292 58542 58550 58570 58565 58615 58951 59135	52647 55450 58150 58240 58267 58285 58293 58543 58552 58571 58600 58670 58953 59525	52648 55801 58180 58260 58270 58290 58294 58544 58553 58572 58605 58671 58954
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 32854</p> <p>32851 32855</p> <p>32852 32856</p> <p>32853 33930</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
Transplant services (cont'd)		33933 33945 38212 38232 44132 44137 47133 47142 47146 48554 50325 50370 S2061	33935 38208 38213 38240 44133 44715 47135 47143 47147 50300 50340 50380 S2152	33940 38209 38214 38241 44135 44720 47140 47144 48551 50320 50360 50547	33944 38210 38215 38242 44136 44721 47141 47145 48552 50323 50365 S2060
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.			
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 L8685	64568 L8686	L8680 L8687	L8682 L8688
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required for the codes identified	36468 37700	36473 37718	36475 37722	36478 37780
Wound vac	Prior authorization required for the codes identified 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"> • Necrotic tissue with eschar in the wound, if debridement isn't attempted • Untreated osteomyelitis within vicinity of the wound • Cancer tissue in the wound • Untreated fistula to an organ or body cavity within vicinity of the wound Criteria for continued coverage is no longer met • Supplies and equipment are no longer being used by the member 	E2402			