

Prior Authorization Requirements for Arizona Long Term Care

Effective October 1, 2018

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in 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 **UHCprovider.com/AZcommunityplan** >Prior Authorization and Notification Resources >Prior Authorization Paper Fax 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	CPT [®] or HCPCS 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 	

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Doc#: PCA-1-010492-04202018_06062018

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Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Allergy immunotherapy (cont'd)	life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <u>Prior authorization is required for allergy testing when it meets the criteria above.</u>				
Bariatric surgery	Prior authorization required for the codes listed	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	The following benefits and/or codes require prior authorization: <ul style="list-style-type: none"> • Acute inpatient admission • Electroconvulsive therapy • Home care training client • Neurobehavioral Status • Neuropsychological testing • Out-of-state placement • Psychological testing • Residential behavioral health facility – Level II group home • Residential treatment center – Level 1 • Transcranial magnetic stimulation 			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975 E0749	20979 E0760	E0747	E0748
BRCA genetic testing	Prior authorization required for the codes listed 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 listed	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 <u>not</u> 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	<u>For members younger than age 21:</u> Prior authorization required for the codes listed <u>For members age 21 and older:</u> <ul style="list-style-type: none"> • Prior authorization required for 	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
speech Cochlear and other auditory implants (cont'd)	supplies, equipment maintenance and repair of component parts <ul style="list-style-type: none"> • Hardware is <u>not</u> a covered benefit. Clinical documentation <u>must</u> accompany and establish medical necessity for this service request.				
Cosmetic and reconstructive procedures	Prior authorization required for the codes listed	11960	11971	15823	15830
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.	15847	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966			
Dental services	For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208 . For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D2 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300: Medical Policy for Covered Services > 310, Covered Services > 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 UHCprovider.com/AZcommunityplan >Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans
Durable medical equipment (DME)	Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500 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.	E0193	E0194	E0265	E0266
		E0270	E0277	E0300	E0302
		E0304	E0329	E0445	E0457
		E0460	E0466	E0483	E0620
		E0636	E0656	E0669	E0670
		E0675	E0693	E0694	E0700
		E0710	E0745	E0766	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E1035	E1036	E1161	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1902	E2100	E2227
		E2228	E2230	E2300	E2301

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME)(cont'd)		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2500
		E2502	E2504	E2506	E2508
		E2510	E2511	E2599	E2626
		E2627	E2628	E2629	E2630
		K0005	K0008	K0013	K0108
		K0800	K0801	K0802	K0806
		K0807	K0808	K0812	K0821
		K0822	K0823	K0824	K0825
		K0826	K0827	K0828	K0829
		K0830	K0831	K0836	K0837
		K0838	K0839	K0840	K0841
		K0842	K0843	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040			
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	Prior authorization required for the codes listed	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
	Clinical documentation and oral supplement Certificate of Medical Necessity, as applicable, must accompany and establish medical necessity for this service request.	B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
	<u>For members younger than age 21:</u>				
	For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10.				
	The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2.				
	<u>For members age 21 and older:</u>				
	Please review AMPM Chapter 300, Policy 310-GG at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Enteral services/parental/oral (cont'd)	Services > 310-GG. The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.				
Experimental or investigational services	Prior authorization required for all services considered experimental and/or investigational	0191T 61863 61886 95978	33477 61864 64555 A4638	36514 61867 64722 A9274	55866 61868 66180 E1831
	For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.				
Eye care/optometry	<u>Benefits provided for members younger than age 21:</u> <ul style="list-style-type: none"> • One routine eye exam every 12 months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame for up to \$79.99 retail price • One replacement pair of glasses if lost, stolen or damaged • Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision. <p><u>For members age 21 and older:</u></p> <p>Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye</p>				For member eye care services, please call Nationwide Vision at 800-481-2779 .
Femoracetabular impingement syndrome (FAI)	Prior authorization required for the codes listed	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required for the codes listed	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic testing	Prior authorization required for services not covered by LabCorp	88245 88262 88269 88274 88285	88248 88263 88271 88275 88289	88249 88264 88272 88280 88291	88261 88267 88273 88283 88299
	To determine prior authorization requirements, please call LabCorp at 800-788-9743 .				
Hearing aids and services	<u>For members younger than age 21:</u>	92590	92591	92592	92593
Hearing evaluations and hearing aids	Prior authorization not required	92594 V5011	92595 V5014	S0618 V5030	V5010 V5040
	<u>For members age 21 and older:</u>	V5050	V5060	V5095	V5100
	Prior authorization required	V5120 V5220 V5244	V5170 V5230 V5245	V5180 V5242 V5246	V5190 V5243 V5247

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
Hearing aids and services (cont'd)		V5248 V5249 V5250 V5251 V5252 V5253 V5254 V5255 V5256 V5257 V5258 V5259 V5260 V5261 V5262 V5263 V5267 V5298
Home- and community-based services	Prior authorization required	For home- and community-based services, please call UnitedHealthcare Community Plan at 800-377-2055 or the notification number on the back of the member's health plan ID card.
Home health care	Prior authorization required for the codes listed Infusion services – prior authorization not required	For codes G0299, G0300, S9123 and S9124, please fax Case Management at 877-395-5993 to complete the request. Fax forms are available at UHCprovider.com/AZcommunityplan >Prior Authorization and Notification Resources >Prior Authorization Paper Fax Forms. G0299 G0300 S9123 S9124
Hospice	Prior authorization required for the codes listed	For prior authorization, please call the Long Term Care Case Management Unit at 602-255-8913 to complete the request. T2042 T2043 T2044 T2045
Incontinence supplies	Incontinence supplies are a benefit only when provided through Byram Healthcare [®] . <u>For members younger than age 21:</u> Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month. <u>For members age 21 and older:</u> Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.	To request incontinence supplies, please call Byram Healthcare at 877-902-9726 .
Injectable medications	Prior authorization required for the codes listed	Actemra^{®****} J3262 Acthar[®] J0800 Botulinum toxins J0585 J0586 J0587 J0588 Brineura[™] C9014 Cerezyme^{®***} J1786 Cinqair[®] J2786 Elelyso^{®***} J3060 Entyvio^{®****}

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		J3380			
		Exondys 51^{™**}			
		J1428			
		Fasenra[™]			
		C9466			
		Ilaris[®]			
		J0638			
		Inflectra^{®****}			
		Q5103			
		IVIG			
		90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599		
		Lemtrada[®]			
		J0202			
		Luxturna[™]			
		C9032			
		Makena^{®*}			
		J1726	J1729	J2675	
		Nucala[®]			
		J2182			
		Ocrevus[™]			
		J2350			
		Orencia^{®****}			
		J0129			
		Parsabiv[™]			
		J0606			
		Probuphine[®]			
		J0570			
		Radicava[®]			
		C9493			
		Remicade^{®****}			
		J1745			
		Renflexis^{®****}			
		Q5104			
	Simponi Aria^{®****}				
	J1602				
	Soliris^{®**}				
	J1300				
	Spinraza^{™**}				
	J2326				
	Sublocade[™]				
	Q9991	Q9992			
	Synagis^{®**}				
	90378				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont'd)

Unclassified codes***
 C9399 J3490 J3590
VPRIV[®]
 J3385
Xolair^{®}**
 J2357

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.**

* For Makena prior authorization, please fax **888-899-1499**. Fax forms are available at **UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Paper Fax Forms.**

** For Cerezyme, Elelyso, Exondys 51, Soliris, Spinraza, Synagis and Xolair prior authorization, please call the Pharmacy Prior Authorization Service at **800-310-6826**.

*** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Crysvida[®], Fasentra, Luxturna[™], Radicava and Trogarzo[™].

**** Prior authorization is required for **dates of service 10/15/18 and after**

Inpatient admission

Prior authorization required for inpatient admissions including:

- Behavioral/substance abuse
- Elective surgical with admission
- Hospice
- Long term acute care/rehabilitation
- Skilled nursing facilities

Prior authorization not required for emergency services

Inpatient – observation

Prior authorization not required

Notification required if member is admitted for an inpatient stay

Observation must 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.

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required for the codes listed	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
Laboratory services	Prior authorization not required				
	If you have questions, please call LabCorp at 800-788-9743 .				
Non-emergent air ambulance transport	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required for the codes listed	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	
Orthotics and prosthetics	Prior authorization required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L1720	L1730	L1755	L1830
		L1831	L1834	L1836	L1840
		L1844	L1845	L1847	L1860
		L1945	L1950	L2000	L2005
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2126	L2128	L2136
		L2350	L2526	L2627	L2628
		L3230	L3265	L3649	L3671
		L3674	L3720	L3730	L3740
	L3764	L3900	L3901	L3904	
	<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. 	L3905	L3961	L3976	L3977
		L3999	L4000	L4010	L4020
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
	<p>For members younger than age 21 with orthotic limitation:</p> <ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. 	L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5648	L5651
		L5653	L5661	L5682	L5702
		L5703	L5706	L5716	L5718
<p>For members age 21 and older:</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. 		L5420	L5460	L5500	L5505
	L5510	L5520	L5530	L5535	
	L5540	L5560	L5570	L5580	
	L5585	L5590	L5595	L5600	
	L5610	L5613	L5614	L5616	
	L5639	L5640	L5642	L5643	
	L5644	L5646	L5648	L5651	
	L5653	L5661	L5682	L5702	
	L5703	L5706	L5716	L5718	

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)	<u>For members age 21 and older with orthotic limitation:</u>	L5724	L5726	L5728	L5780
	<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 the component isn't operating effectively. 	L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5964
		L5966	L5968	L5976	L5979
		L5980	L5981	L5982	L5984
		L5987	L5988	L5990	L6000
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	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	L6920	L6925
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7405	L8040	L8042
	L8043	L8044	L8045	L8046	
L8047	L8499	L8609	L8610		
L8612	L8631	L8659			
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	<u>For members younger than age 21:</u>	92507	92508	92521	92522
	Prior authorization required for the codes listed	92523	92524	92526	97010
		97012	97014	97016	97018
		97022	97026	97028	97033
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.	97034	97039	97110	97112
		97113	97116	97124	97140
		97161	97162	97163	97164
		97165	97166	97167	97168
	<u>For members age 21 and older:</u>	97799			
	Prior authorization required for the codes listed for occupational and				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy (cont'd)	<p>speech therapy</p> <p>Prior authorization not required for physical therapy</p> <p>Physical therapy is covered in an inpatient or outpatient setting.</p> <p>Outpatient physical therapy is:</p> <ul style="list-style-type: none"> • <u>Limited</u> 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 • <u>Limited</u> 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 <p><u>For QMB members:</u></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 UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs</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 UHCprovider.com/AZcommunityplan > Arizona > Pharmacy Program > Pharmacy Prior Authorization Forms > Specialty Medication Prior Authorization Cover Sheet. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.</p>			
Pregnancy termination	<p>Prior authorization required for the codes listed</p> <p>Prior authorization includes Mifepristone, Mifeprex[®] or RU-486</p> <p>Clinical documentation and the Certificate of Medical Necessity for pregnancy termination <u>must</u></p>	59840 59852	59841 59855	59850 59856	59851 59857

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Pregnancy termination (cont'd)	<p>accompany the prior authorization request form.</p> <p>For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination.</p> <p>The Certificate of Medical Necessity For Pregnancy Termination can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.</p>				
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required for the codes listed	77520	77522	77523	77525
Radiology	<p>Prior authorization required for participating physicians who request the following advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please fax 800-278-2907 to complete your request. Fax forms are available at UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes listed	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required for the codes listed	31295	31296	31297	31298
Skilled nursing facility services	Prior authorization required				
	Separate prior authorization required for outpatient services				
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required for the codes listed	21685	41599	42145	
Spinal stimulator for pain management	Prior authorization required for the codes listed	63650	63655	63685	
Spinal surgery	Prior authorization required for the codes listed	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22532	22533	22548	22551
		22554	22556	22558	22590

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization				
Spinal surgery (cont'd)		22595	22600	22610	22612	
		22630	22633	22800	22802	
		22804	22808	22810	22812	
		22818	22819	22830	22849	
		22850	22852	22855	22856	
		22861	22864	22865	22899	
		63001	63003	63005	63011	
		63012	63015	63016	63017	
		63020	63030	63040	63042	
		63045	63046	63047	63050	
		63055	63056	63064	63075	
		63077	63081	63085	63087	
		63090	63101	63102	63170	
		63172	63173	63180	63182	
		63185	63190	63191	63194	
		63195	63196	63198	63199	
		63200	63250	63251	63252	
		63265	63267	63268	63270	
		63271	63272	63286	63300	
		63301	63302	63303	63304	
		63305	63306	63307	63308	
		64553	64570			
	Sterilization	Prior authorization required for the codes listed	52601	52630	52647	52648
52649			55250	55450	55801	
<u>For all members younger than age 21:</u>		55821	55831	58150	58180	
		58200	58210	58240	58260	
Prior authorization required		58262	58263	58267	58270	
		58275	58280	58285	58290	
Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.		58291	58292	58293	58294	
		58541	58542	58543	58544	
		58548	58550	58552	58553	
For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization.		58554	58570	58571	58572	
		58573	58565	58600	58605	
		58611	58615	58670	58671	
		58700	58951	58953	58954	
		58956	59135	59525		
Transplant services		Prior authorization required for the codes listed	For transplant and CAR T-cell therapy services including Kymriah [™] (tisagenlecleucel) and Yescarta [™] (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-			
		Clinical documentation to support the need for transplants <u>must</u>				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant services (cont'd)	accompany and establish medical necessity for service request.	4994 or the notification number on the back of the member's health plan ID card.			
		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	
		Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes:			
		38206	38999	J3490	J9999
		Q2040	Q2041	S2107	
Transportation	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at 888-700-6822 .			
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required for the codes listed	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 listed	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 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 855-282-8929 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required for the codes listed	64721			
	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"> • Cancer tissue in the wound • Criteria for continued coverage is no longer met • Necrotic tissue with eschar in the wound, if debridement isn't attempted 				

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization
Wound vac (cont'd)	<ul style="list-style-type: none">• Supplies and equipment are no longer being used by the member• Untreated fistula to an organ or body cavity within vicinity of the wound• Untreated osteomyelitis within vicinity of the wound	