

**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) plan types as outlined and defined by AHCCCS.
- ◆ Services provided by **NON-NETWORK HEALTH** and **OUT-OF-STATE** service 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/VENDORS** must be actively AHCCCS registered.
- ◆ **ONLY** one Provider may request services per Prior Authorization Request form.
- ◆ **ONLY** Medically Necessary, cost effective, and federally-reimbursable and state-reimbursable services are Covered Services, as outlined by Arizona Health Care Cost Containment System (AHCCCS)

**THREE WAYS TO SUBMIT PRIOR AUTHORIZATION REQUESTS**

- ◆ Online at [UnitedHealthcareOnline.com](http://UnitedHealthcareOnline.com)
- ◆ Phone: **800 377-2055**
- ◆ Fax: **800 278-2907**

Instructions for submitting Prior Authorization Request Online can be found at the UHC Community Plan Website: <http://www.uhccommunityplan.com>

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Allergy Immunotherapy	<p><b>Member's <u>under the age of 21</u></b> Allergy testing is covered for persons under the age of 21 under EPSDT when medically necessary.</p> <p><b>Members age 21 years or older</b> <b>Not Covered unless the following:</b></p> <ul style="list-style-type: none"> <li>• Anaphylactic Reaction to unknown allergen or exhibited severe an allergic reaction to include:                             <ul style="list-style-type: none"> <li>○ Severe facial swelling,</li> <li>○ Breathing difficulties,</li> <li>○ Epiglottal swelling; or</li> <li>○ Extensive urticarial where</li> </ul> </li> </ul> <p>It is reasonable to assume further exposure to unknown allergen may result in life-threatening situation. Allergy testing is covered to identify the unknown allergen where such identification may help member avoid repeat exposure to particular allergen.</p> <p>Self-Administered Epinephrine is covered for <u>ALL</u> members with a history of previous severe allergic reactions, whether or not the specific cause of that reaction has been identified.</p>	30999	95115	95117	95120
		95125	95130	95131	95132
		95133	95134	95144	95145
		95146	95147	95148	95149
		95165	95170	95199	

**PRIOR AUTHORIZATION AND NOTIFICATION REQUIREMENTS  
FOR ARIZONA LONG TERM CARE - EFFECTIVE OCTOBER 1, 2015**



Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Bariatric Surgery Inpatient and outpatient bariatric surgery and specific obesity-related services	Prior Authorization is Required for the codes identified.	43644 43659 43773 43843 43848 43882 64590 0312T 0316T	43645 43770 43774 43845 43860 43886 95980 0313T 0317T	43647 43771 43775 43846 43865 43887 95981 0314T	43648 43772 43842 43847 43881 43888 95982 0315T
Behavioral Health	Prior Authorization is Required for Inpatient Admissions.  Outpatient Behavioral Health Prior Authorization is Required for the codes identified.	H0018 H0037 H2015 H2020 S5109 T1002	H0025 H0038 H2016 H2025 S5110 T1003	H0034 H2012 H2017 H2026 S5150 T1016	H0036 H2014 H2019 H2027 S5151 T1019
Bone-Anchored Hearing Aids	<b>Members age 21 years or older Hardware is Not a covered Benefit</b>  Supplies and equipment maintenance and repair are a covered benefit. Clinical documentation <u>must</u> accompany and establish the need (medical necessity) for this service request.	L8690		L8692	
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20974 E0748	20975 E0749	20979	E0747
BRCA Genetic Testing	Prior Authorization is Required for the codes identified.  Other genetic test requests must be directed to LabCorp.	81211 81215	81212 81216	81213 81217	81214
Breast Reconstruction (Non-Mastectomy)  (Reconstruction of the breast except for after mastectomy)	Requires Prior Authorization 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
Chemotherapy	Prior Authorization is not required for any requests, regardless of Date of Service.				
Chiropractic Care	<b>Members under the age of 21 Does not Require Prior Authorization.</b>  <b>Members age 21 years or older Chiropractic Care is Not a Covered Benefit.</b>				

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Circumcision	<p><b>Routine</b> Circumcision is <u>NOT</u> a covered Benefit</p> <p>Authorization is required <u>only</u> for cases with documented medical necessity.</p>	54150	54160	54161	54162
Cochlear Implants	<p><b>Members under the age of 21</b> CPT Codes identified Requires Authorization</p> <p><b>Members age 21 years or older</b> Requires Prior Authorization for Supplies, equipment maintenance and repair of component parts.</p> <p>Hardware is <u>Not</u> a covered benefit.</p> <p>Clinical documentation <u>must</u> accompany and establish the need (medical necessity) for this service request.</p>	L8614			
<p>Cochlear and Other Auditory Implants</p> <p>A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>	<p>Prior Authorization is Required for the codes identified.</p>	69710	69711	69714	69715
		69717	69718	69930	92601
		92602	92603	92604	L8614
		L8615	L8616	L8617	L8618
		L8619	L8621	L8622	L8623
		L8624	L8627	L8628	L8690
		L8691	L8692	L8693	
<p><b>Cosmetic and Reconstructive Procedures</b></p> <p>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Cosmetic and Reconstructive Procedures (Continued)</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function.</p>	<p>Prior Authorization is Required for the codes identified.</p> <p><b>**Services or items furnished solely for Cosmetic Purposes are <u>Excluded</u> from AHCCCS Coverage. **</b></p>	11920	11922	11960	11971
		15820	15821	15822	15823
		15830	15847	15877	17106
		17107	17108	17999	21137
		21138	21139	21172	21175
		21179	21180	21181	21182
		21183	21184	21230	21235
		21256	21260	21261	21263
		21267	21268	21275	21280
		21282	21295	21740	21742
		21743	28344	30540	30545
		30560	30620	40500	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		69320	Q2026	Q2027	
Dental Services	<p>Refer to UHC Dental Department at Phone Number 877-408-0166</p>				

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<p><b>Diabetic Supplies</b></p>	<p>Diabetic Supplies are provided by the local Pharmacy</p> <p>Requires Prior Authorization for the Talking Glucometers available through the medical prior authorization process.</p>	<p>To locate Contracted Providers or Vendors refer to UHC website at: <a href="http://www.uhccommunityplan.com/health-professionals/az/members-information.html">http://www.uhccommunityplan.com/health-professionals/az/members-information.html</a></p>																																																																																																																																																																								
<p><b>Durable Medical Equipment (DME)</b> (See specific line item for services not covered by Preferred Homecare)</p> <ul style="list-style-type: none"> <li>• Bone Stimulators</li> <li>• Diabetic Supplies</li> <li>• Enclosed Beds</li> <li>• Insulin Pumps</li> <li>• Percussion Vests</li> <li>• Specialty Beds</li> <li>• Wound Vacs</li> </ul> <p>Prosthetics are not DME (see Orthotics and Prosthetics)</p>	<p>Prior Authorization is Required for the codes identified for DME with a retail purchase or a cumulative rental cost of more than \$500.</p> <p><b>**UHCCP Long Term Care will review Medicare denials of DME.</b> Clinical documentation and a copy of the denial <u>must</u> accompany and establish the need (medical necessity) for this service request.</p>	<table border="0"> <tr><td>A9274</td><td>A9275</td><td>A9279</td><td>A9280</td></tr> <tr><td>A9900</td><td>A9999</td><td>E0193</td><td>E0194</td></tr> <tr><td>E0265</td><td>E0266</td><td>E0270</td><td>E0274</td></tr> <tr><td>E0277</td><td>E0296</td><td>E0297</td><td>E0300</td></tr> <tr><td>E0302</td><td>E0304</td><td>E0328</td><td>E0329</td></tr> <tr><td>E0445</td><td>E0450</td><td>E0457</td><td>E0460</td></tr> <tr><td>E0461</td><td>E0463</td><td>E0464</td><td>E0470</td></tr> <tr><td>E0471</td><td>E0472</td><td>E0483</td><td>E0485</td></tr> <tr><td>E0486</td><td>E0601</td><td>E0620</td><td>E0636</td></tr> <tr><td>E0637</td><td>E0638</td><td>E0641</td><td>E0642</td></tr> <tr><td>E0650</td><td>E0651</td><td>E0652</td><td>E0656</td></tr> <tr><td>E0666</td><td>E0667</td><td>E0668</td><td>E0669</td></tr> <tr><td>E0670</td><td>E0671</td><td>E0672</td><td>E0673</td></tr> <tr><td>E0675</td><td>E0691</td><td>E0692</td><td>E0693</td></tr> <tr><td>E0694</td><td>E0700</td><td>E0710</td><td>E0745</td></tr> <tr><td>E0762</td><td>E0764</td><td>E0782</td><td>E0783</td></tr> <tr><td>E0784</td><td>E0786</td><td>E0947</td><td>E0948</td></tr> <tr><td>E0984</td><td>E0986</td><td>E1002</td><td>E1003</td></tr> <tr><td>E1004</td><td>E1005</td><td>E1006</td><td>E1007</td></tr> <tr><td>E1008</td><td>E1009</td><td>E1010</td><td>E1011</td></tr> <tr><td>E1018</td><td>E1030</td><td>E1035</td><td>E1036</td></tr> <tr><td>E1085</td><td>E1086</td><td>E1089</td><td>E1090</td></tr> <tr><td>E1130</td><td>E1140</td><td>E1161</td><td>E1220</td></tr> <tr><td>E1226</td><td>E1229</td><td>E1230</td><td>E1231</td></tr> <tr><td>E1232</td><td>E1233</td><td>E1234</td><td>E1235</td></tr> <tr><td>E1236</td><td>E1237</td><td>E1238</td><td>E1239</td></tr> <tr><td>E1250</td><td>E1260</td><td>E1285</td><td>E1290</td></tr> <tr><td>E1300</td><td>E1310</td><td>E1825</td><td>E1830</td></tr> <tr><td>E1840</td><td>E2100</td><td>E2204</td><td>E2227</td></tr> <tr><td>E2228</td><td>E2230</td><td>E2300</td><td>E2301</td></tr> <tr><td>E2310</td><td>E2311</td><td>E2312</td><td>E2321</td></tr> <tr><td>E2322</td><td>E2325</td><td>E2327</td><td>E2328</td></tr> <tr><td>E2329</td><td>E2330</td><td>E2331</td><td>E2343</td></tr> <tr><td>E2351</td><td>E2370</td><td>E2373</td><td>E2375</td></tr> <tr><td>E2376</td><td>E2402</td><td>E2510</td><td>E2511</td></tr> <tr><td>E2512</td><td>E2599</td><td>E2614</td><td>E2616</td></tr> <tr><td>E2620</td><td>E2621</td><td>E2626</td><td>E2627</td></tr> <tr><td>E2628</td><td>E2629</td><td>E2630</td><td>E8000</td></tr> <tr><td>E8001</td><td>E8002</td><td>K0005</td><td>K0007</td></tr> <tr><td>K0008</td><td>K0011</td><td>K0013</td><td>K0014</td></tr> <tr><td>K0108</td><td>K0606</td><td>K0609</td><td>K0730</td></tr> <tr><td>K0800</td><td>K0801</td><td>K0802</td><td>K0806</td></tr> </table>	A9274	A9275	A9279	A9280	A9900	A9999	E0193	E0194	E0265	E0266	E0270	E0274	E0277	E0296	E0297	E0300	E0302	E0304	E0328	E0329	E0445	E0450	E0457	E0460	E0461	E0463	E0464	E0470	E0471	E0472	E0483	E0485	E0486	E0601	E0620	E0636	E0637	E0638	E0641	E0642	E0650	E0651	E0652	E0656	E0666	E0667	E0668	E0669	E0670	E0671	E0672	E0673	E0675	E0691	E0692	E0693	E0694	E0700	E0710	E0745	E0762	E0764	E0782	E0783	E0784	E0786	E0947	E0948	E0984	E0986	E1002	E1003	E1004	E1005	E1006	E1007	E1008	E1009	E1010	E1011	E1018	E1030	E1035	E1036	E1085	E1086	E1089	E1090	E1130	E1140	E1161	E1220	E1226	E1229	E1230	E1231	E1232	E1233	E1234	E1235	E1236	E1237	E1238	E1239	E1250	E1260	E1285	E1290	E1300	E1310	E1825	E1830	E1840	E2100	E2204	E2227	E2228	E2230	E2300	E2301	E2310	E2311	E2312	E2321	E2322	E2325	E2327	E2328	E2329	E2330	E2331	E2343	E2351	E2370	E2373	E2375	E2376	E2402	E2510	E2511	E2512	E2599	E2614	E2616	E2620	E2621	E2626	E2627	E2628	E2629	E2630	E8000	E8001	E8002	K0005	K0007	K0008	K0011	K0013	K0014	K0108	K0606	K0609	K0730	K0800	K0801	K0802	K0806
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Durable Medical Equipment (DME) (Continued)		K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5282 V5286 V5290	K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5283 V5287 E1399	K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5274 V5284 V5288	K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 T5999 V5270 V5281 V5285 V5289
<p>Enteral Services/Parental/Oral</p> <p>In home nutritional therapy either enteral or through a gastrostomy tube, TPN and/or Lipids and Oral Supplements.</p>	<p>Prior Authorization is Required for the codes identified to include Initial and Ongoing Request.</p> <p>Clinical documentation and Oral Supplement Certificate of Medical Necessity as applicable <u>must</u> accompany and establish the need (medical necessity) for this service request.</p> <p><b>** Members under the age of 21**</b></p> <ul style="list-style-type: none"> <li>◆ Infants and Children under the Age of 5 requiring formula not provided by WIC</li> <li>◆ Infants 0-1 year above the amount provided by WIC</li> </ul> <p>Click on the Oral Nutrition CMN Link <a href="#">Infant and Children Oral Nutrition</a> refer to AMPM Chapter 400 Policy 430-10, Exhibit 430-2.</p> <p><b>** Members age 21 years or older**</b></p> <p>Click on link for Oral Supplement CMN <a href="#">Oral Supplement CMN</a> refer to Chapter 300, Policy 300, Attachment C.</p>	B4034 B4102 B4150 B4155 B4160 B9002	B4035 B4103 B4152 B4157 B4161 B9998	B4036 B4104 B4153 B4158 B4162	B4100 B4149 B4154 B4159 B9000

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Experimental or Investigational Services	<p>AHCCCS NON-COVERED BENEFITS AND SERVICES CONSIDERED BEING EXPERIMENTAL AND/OR INVESTIGATIONAL</p> <p>**REFER TO AHCCCS MEDICAL POLICY MANUAL (AMPM) Chapter 300 Policy 320 B**</p> <p><b>LINK:</b>  <a href="http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf">http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf</a></p>	36514 61864 62264 64555 65767 95965 96002 0269T 0283T A9274 E0231 S1031 S8262	54240 61867 62290 64566 66180 95966 0085T 0270T 0285T A9276 E1831 S1040 S9988	55866 61868 62291 64722 95250 95967 0191T 0271T A4638 A9277 S0810 S2102 S9990	61863 61886 62292 65765 95251 95978 0262T 0282T A6000 A9278 S1030 S3652 S9991
Eye Care/Optometry	Refer to Nationwide for appointment at 877-222-4218	<p><b>Members under the age of 21</b>                      1 Routine Eye Exam every 12 Months</p> <ul style="list-style-type: none"> <li>Regular single vision bifocal or trifocal polycarbonate lenses</li> <li>Frame selected up to \$79.99 retail price point</li> <li>One replacement pair due to lost, stolen or damaged</li> <li>Member may buy-up (pay the difference). They must sign a waiver</li> </ul> <p><b>Members 21 years of age or older</b>                      When medically necessary to diagnose or treat diseases and conditions of the eye</p>			
Femoracetabular Impingement Syndrome (FAI)	Prior Authorization is Required for the codes identified.	29914    29915    29916			
Genetic Testing	Prior Authorization Required for identified codes.  **LabCorp is the Contracted Lab**	88245    88248    88249    88261 88262    88263    88264    88267 88269    88271    88272    88273 88274    88275    88280    88283 88285    88289    88291    88299			
Hearing Services Hearing evaluations and hearing aids	<p><b>Members under the age of 21</b>                      No Prior Authorization is Required</p> <p><b>Member 21 years and older</b>                      Prior authorization is required</p>				
Home Health Care Services	Prior Authorization for the codes identified.  <u>Exception of Codes:</u> For codes G0154, S9123, S9124 and T1021 fax to Case Management at 877-395-5993. All other codes fax to 800-278-2907.	G0151    G0152    G0153    G0154 S5180    S5181    S9123    S9124 S9128    S9129    S9131    T1021			

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Home Health Care Infusion Services	Prior Authorization is not Required	
Hospice Care	Prior Authorization is Required  Fax request to <u>Case Management</u> at 877-395-5993.	
Injectable Medications	Requires Prior Authorization for the codes identified.  *New Additional Medications  **Refer all Makena to the Healthy First Step Coordinator, <a href="mailto:candice_phelps@uhc.com">candice_phelps@uhc.com</a> **  Click on Link <a href="#">Makena Form</a> for the Prior Authorization Request.	<b>Acthar *</b> <b>J0800</b>  <b>Botox</b> <b>J0585            J0586    J0587    J0588</b>  <b>Cerezyme *</b> <b>J1786</b>  <b>Ellelyso *</b> <b>J3060</b>  <b>IVIG</b> <b>90283            90284    J1459    J1556</b> <b>J1557            J1559    J1561    J1566</b> <b>J1568            J1569    J1572    J1599</b>  <b>**Makena**</b> <b>J1725</b>  <b>VPRIV *</b> <b>J3385</b>
Inpatient Admission	Notification is Required	
Insulin Pumps	Prior Authorization is Required for the code identified.	<b>E0784</b>
Joint Replacement Outpatient and inpatient joint and total hip and knee replacement procedures	Prior Authorization is Required for the codes identified.	<b>23470    23472    23473    23474</b> <b>24360    24361    24362    24363</b> <b>24370    24371    27120    27122</b> <b>27125    27130    27132    27134</b> <b>27137    27138    27412    27446</b> <b>27447    27486    27487    29866</b> <b>29867    29868</b>
Laboratory Services	No Prior Authorization Required  For Questions contact LabCorp at 866-433-7538	
Neuropsychological Testing	Prior Authorization is Required	<b>96116    96118    96119    96120</b>

**PRIOR AUTHORIZATION AND NOTIFICATION REQUIREMENTS  
FOR ARIZONA LONG TERM CARE - EFFECTIVE OCTOBER 1, 2015**



Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Non-Emergent Air Ambulance Transport	Prior Authorization is Required for the codes identified.	A0430 S9960	A0431 S9961	A0435	A0436
Orthognatic Surgery Treatment of Maxillofacial (jaw) functional impairment.	Prior Authorization is Required	21121 21127 21145 21151 21160 21195 21206 21215 21245 21249 30465	21122 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
Orthotics and Prosthetics <b>Members <u>under</u> the age of 21</b>	<p>Prior Authorization is Required for the codes identified.</p> <p>Orthotics and prosthetics with a retail purchase or cumulative rental cost of more than \$500.</p> <p><b>Orthotic Limitation</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 sought, documentation is provided to establish that the component is not operating effectively.</li> </ul>	L0112 L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1520 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905	L0170 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3960	L0430 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1500 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3961	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1510 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3962



**Orthotics and Prosthetics (Continued)**  
**Members under the age of 21**

L3967	L3971	L3973	L3975
L3976	L3977	L3978	L3999
L4000	L4010	L4020	L4631
L5000	L5010	L5020	L5050
L5060	L5100	L5105	L5150
L5160	L5200	L5210	L5220
L5230	L5250	L5270	L5280
L5301	L5312	L5321	L5331
L5341	L5400	L5420	L5460
L5500	L5505	L5510	L5520
L5530	L5535	L5540	L5560
L5570	L5580	L5585	L5590
L5595	L5600	L5610	L5611
L5613	L5614	L5616	L5639
L5640	L5642	L5643	L5644
L5645	L5646	L5647	L5648
L5649	L5651	L5653	L5661
L5673	L5679	L5681	L5682
L5683	L5700	L5701	L5702
L5703	L5705	L5706	L5707
L5716	L5718	L5722	L5724
L5726	L5728	L5780	L5781
L5782	L5790	L5795	L5811
L5812	L5814	L5816	L5818
L5822	L5824	L5826	L5828
L5830	L5840	L5845	L5848
L5856	L5857	L5858	L5930
L5950	L5960	L5961	L5962
L5964	L5966	L5968	L5973
L5976	L5979	L5980	L5981
L5982	L5984	L5986	L5987
L5988	L5990	L5999	L6000
L6010	L6020	L6025	L6050
L6055	L6100	L6110	L6120
L6130	L6200	L6205	L6250
L6300	L6310	L6320	L6350
L6360	L6370	L6380	L6382
L6384	L6400	L6450	L6500
L6550	L6570	L6580	L6582
L6584	L6586	L6588	L6590
L6621	L6623	L6624	L6646
L6648	L6686	L6687	L6689
L6690	L6692	L6693	L6694
L6695	L6696	L6697	L6704
L6707	L6708	L6709	L6711
L6712	L6713	L6714	L6715
L6880	L6881	L6882	L6883
L6884	L6885	L6895	L6900
L6905	L6910	L6915	L6920
L6925	L6930	L6935	L6940
L6945	L6950	L6955	L6960
L6965	L6970	L6975	L7007

<p><b>Orthotics and Prosthetics (Continued)</b> <b>Members <u>under</u> the age of 21</b></p>		<p>L7008    L7009    L7040    L7045 L7170    L7180    L7181    L7185 L7186    L7190    L7191    L7260 L7261    L7274    L7405    L7499 L8035    L8040    L8041    L8042 L8043    L8044    L8045    L8046 L8047    L8499    L8500    L8605 L8609    L8610    L8612    L8631  L8659    V2623    V2627</p>
<p><b>Orthotics and Prosthetics</b> <b>Members age 21 and Older</b></p>	<p><b>Orthotics Coverage for AHCCCS members 21 years of age and older if all of the following apply:</b></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 Practitioner</li> </ul> <p><b>Orthotic Limitation</b> 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 sought, documentation is provided to establish that the component is not operating effectively.</p>	<p><b>Medical documentation must accompany the request for orthotic services.</b></p>
<p><b>Out of Network Services</b></p>	<p><b>All out of network (Non-Par) services require Prior Authorization.</b></p>	
<p><b>Out of State Services</b></p>	<p><b>Benefit is only approved when service is emergent or is unavailable in the State of AZ.</b></p>	
<p><b>Outpatient Therapy – Physical Therapy</b></p>	<p><b>Prior Authorization is Required.</b> <b>Limit Restrictions apply to Members 21 years and older.</b></p>	<p><b><u>Members under the age of 21</u></b> Physical Therapy is covered in an inpatient or outpatient setting. <b><u>No Limits Apply</u></b></p>

<p><b>Outpatient Therapy – Physical Therapy (continued)</b></p>		<p><b>Members age 21 and older</b> Physical Therapy covered inpatient or outpatient setting</p> <p><b>Outpatient Physical Therapy</b>  <b>A.</b> limited to 15 visits per contract year (10/01—9/30) to restore a particular skill or function the individual previously had but lost due to injury or disease and maintain that function once restored; and,  <b>B.</b> 15 visits per contract year (10/01—9/30) for persons age 21 years or older to attain; or acquire a particular skill or function never learned or acquired and maintain that function once acquired.</p> <p><b>QMB Members:</b> Covered for unlimited visits when medically necessary until Medicare benefit exhausts.</p>
<p><b>Outpatient Therapy – Occupational &amp; Speech Therapy</b></p>	<p><b>Prior Authorization is Required</b></p>	
<p><b>Percussive Vests</b></p>	<p><b>Members under the age of 21</b> Prior Authorization is Required</p> <p><b>Members age 21 and Older</b> Hardware is Not a Covered Benefit</p> <p>AHCCCS Covered Benefit includes Supplies, equipment maintenance and repair of component parts.</p> <p><b>**Clinical documentation to support the need for supplies, equipment and repairs must accompany and establish the need (medical necessity) for service request. **</b></p>	<p><b>E0483</b></p>
<p><b>Pharmacy Drugs that <u>Require</u> Prior Authorization</b></p> <p><b>Hemophilia Factor Drugs</b></p> <p><b>Pharmacy Drugs that <u>Require</u> Prior Authorization</b></p> <p><b>Bio Tech Drugs</b></p> <ul style="list-style-type: none"> <li>• Aldurazyme</li> <li>• Ceprotin</li> <li>• Cerezyme</li> <li>• Elaprase</li> <li>• Fabrazyme</li> <li>• Juxtapid</li> <li>• Kynamro</li> <li>• Lumizyme</li> <li>• Myozyme</li> <li>• Acthar Gel</li> <li>• Kuvan</li> <li>• Orfadin</li> <li>• Elelyso</li> <li>• Kalydeco</li> <li>• VPRIV</li> </ul>	<p><b>PHARMACY PRIOR AUTHORIZATION</b> PHONE: 800 310-6826 FAX: 866 940-7328</p> <p><b>SPECIALTY PHARMACY</b> FAX: 800 853-3844</p>	<p><b>Drug List Requiring Prior Authorization is Available under Pharmacy Program at:</b> <a href="http://www.uhccommunityplan.com">www.uhccommunityplan.com</a></p> <p>Service Requests <u>must</u> Include <b>“J” Codes</b> and <b>NDC Codes</b> for the Medication Requested</p>

**PRIOR AUTHORIZATION AND NOTIFICATION REQUIREMENTS  
FOR ARIZONA LONG TERM CARE - EFFECTIVE OCTOBER 1, 2015**

<p><b>Pregnancy Termination</b>  Including MIFEPRISTONE, MIFEPREX. OR RU-486.</p>	<p>Prior Authorization is Required for the codes identified.</p> <p>Clinical documentation and the Certificate of Medical Necessity for Pregnancy Termination <u>must</u> accompany the Prior Authorization Request form.</p> <p>Click on the Certificate of Pregnancy Termination (CMN) Link <a href="#">Verification for Termination of Pregnancy</a> refer to AMPM Chapter 400 Policy 410, Exhibit 410-4</p>	<p>59840 59852 59866</p>	<p>59841 59855</p>	<p>59850 59856</p>	<p>59851 59857</p>
<p><b>Podiatry Services</b> <b>Members age 21 and older</b></p>	<p>Foot and ankle services may be reimbursed when provided by a physician, nurse practitioner or physician's assistant.</p> <p><b>**Important:</b> Podiatry Services are not covered when provided by a Podiatrist.</p>				
<p><b>Proton Beam Therapy</b> Focused radiation therapy using beams of protons (tiny particles with a positive charge)</p>	<p>Prior Authorization is Required for the codes identified.</p>	<p>77520</p>	<p>77522</p>	<p>77523</p>	<p>77525</p>
<p><b>Radiology Prior Authorization</b> CT MRI PET Scan Nuclear Medicine Nuclear Cardiology</p>	<p><b>Prior Authorization is Required</b></p> <p><b>Fax request to: 800-278-2907</b></p>	<p>The health care professional ordering an advanced outpatient Imaging procedure is responsible for requesting and completing the prior authorization process before scheduling the procedure</p>			
<p><b>Septoplasty and Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation</p>	<p>Prior Authorization is Required for the codes identified.</p>	<p>30400 30435</p>	<p>30410 30450</p>	<p>30420 30460</p>	<p>30430 30462</p>
<p><b>Sinuplasty</b></p>	<p>Prior Authorization is Required</p>	<p>31295</p>	<p>31296</p>	<p>31297</p>	
<p><b>Sleep Apnea Procedures and Surgeries</b>  Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea</p>	<p>Prior Authorization is Required for the codes identified.</p>	<p>21685</p>	<p>41530</p>	<p>42145</p>	<p>41599</p>
<p><b>Skilled Nursing Facility Services</b></p>	<p><b>Prior Authorization Is Required</b></p>				
<p><b>Sleep Studies</b></p>	<p>Prior Authorization is Required for the codes identified.</p> <ul style="list-style-type: none"> <li><b>Unattended Sleep Studies:</b> <u>No</u> Prior Authorization required</li> <li><b>Attended sleep studies:</b> Prior Authorization is Required</li> <li><b>Children &lt;6 years old</b> <u>No</u> Prior Authorization Required</li> </ul>	<p>95805 95811</p>	<p>95807</p>	<p>95808</p>	<p>95810</p>

**PRIOR AUTHORIZATION AND NOTIFICATION REQUIREMENTS  
FOR ARIZONA LONG TERM CARE - EFFECTIVE OCTOBER 1, 2015**



Specialty/Enclosed Beds	Prior Authorization is Required for the codes identified.	E0193 E0255 E0265 E0290 E0294 E0298 E0304 E0329	E0194 E0256 E0266 E0291 E0295 E0301 E0315 E0462	E0250 E0260 E0270 E0292 E0296 E0302 E0316	E0251 E0261 E0280 E0293 E0297 E0303 E0328
Spinal Stimulator for Pain Management  Spinal cord stimulators when implanted for pain management	Prior Authorization is Required for the codes identified.	63650	63655	63685	
Spinal Surgery  Inpatient and Outpatient Spinal Surgeries	Prior Authorization is Required for the codes identified.	22100 22112 22210 22224 22551 <b>22586</b> 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 0092T	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308 0095T	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553 0098T	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570 0164T
Sterilization	<b>Members under the age of 21</b> Prior Authorization is Required	52601 52649 55821 58200 58262 58275 58291 58541 58548 58554 58572 58611 58700 58956	52630 55250 55831 58210 58263 58280 58292 58542 58550 58565 58573 58615 58951 59135	52647 55450 58150 58240 58267 58285 58293 58543 58552 58570 58600 58670 58953 59525	52648 55801 58180 58260 58270 58290 58294 58544 58553 58571 58605 58671 58954

**PRIOR AUTHORIZATION AND NOTIFICATION REQUIREMENTS  
FOR ARIZONA LONG TERM CARE - EFFECTIVE OCTOBER 1, 2015**

<p><b>Transplant Services</b></p>	<p>Prior Authorization is Required for the codes identified.</p> <p><b>For Transplants Call OptumHealth 800 418-4994 or the <u>Notification Number</u> on the back of the <u>Member's ID Card</u>.</b></p> <p><b>**Clinical documentation to support the need for transplants <u>must</u> accompany and establish the need (medical necessity) for service request. **</b></p>	<p><b>Transplant Service Codes</b></p> <table border="1"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33226</td></tr> <tr><td>33930</td><td>33933</td><td>33935</td><td>33940</td></tr> <tr><td>33944</td><td>33945</td><td>38205</td><td>38206</td></tr> <tr><td>38207</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38211</td><td>38212</td><td>38213</td><td>38214</td></tr> <tr><td>38215</td><td>38230</td><td>38232</td><td>38240</td></tr> <tr><td>38241</td><td>38242</td><td>44010</td><td>44015</td></tr> <tr><td>44020</td><td>44021</td><td>44025</td><td>44050</td></tr> <tr><td>44055</td><td>44100</td><td>44110</td><td>44111</td></tr> <tr><td>44120</td><td>44121</td><td>44125</td><td>44126</td></tr> <tr><td>44127</td><td>44128</td><td>44130</td><td>44132</td></tr> <tr><td>44133</td><td>44135</td><td>44136</td><td>44137</td></tr> <tr><td>44715</td><td>44720</td><td>44721</td><td>47133</td></tr> <tr><td>47135</td><td>47136</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48160</td><td>48550</td></tr> <tr><td>48551</td><td>48552</td><td>48554</td><td>48556</td></tr> <tr><td>50300</td><td>50320</td><td>50323</td><td>50325</td></tr> <tr><td>50327</td><td>50328</td><td>50329</td><td>50340</td></tr> <tr><td>50360</td><td>50365</td><td>50370</td><td>50380</td></tr> <tr><td>50547</td><td>54680</td><td>60512</td><td>0051T</td></tr> <tr><td>0052T</td><td>0053T</td><td>S2053</td><td>S2054</td></tr> <tr><td>S2055</td><td>S2060</td><td>S2061</td><td>S2065</td></tr> <tr><td>S2103</td><td>S2152</td><td>S9975</td><td></td></tr> </table>	32850	32851	32852	32853	32854	32855	32856	33226	33930	33933	33935	33940	33944	33945	38205	38206	38207	38208	38209	38210	38211	38212	38213	38214	38215	38230	38232	38240	38241	38242	44010	44015	44020	44021	44025	44050	44055	44100	44110	44111	44120	44121	44125	44126	44127	44128	44130	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47136	47140	47141	47142	47143	47144	47145	47146	47147	48160	48550	48551	48552	48554	48556	50300	50320	50323	50325	50327	50328	50329	50340	50360	50365	50370	50380	50547	54680	60512	0051T	0052T	0053T	S2053	S2054	S2055	S2060	S2061	S2065	S2103	S2152	S9975	
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S2103	S2152	S9975																																																																																																				
<p><b>Transportation (Non-Emergent: Taxi, Stretcher, Van)</b></p>	<p>Contact Logisticare at 866-252-1735 to Schedule Transportation.</p>																																																																																																					
<p><b>Vagus Nerve Stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves.</p>	<p>Prior Authorization is Required for the codes identified.</p>	<table border="1"> <tr><td>61885</td><td>64568</td><td>L8680</td><td>L8681</td></tr> <tr><td>L8682</td><td>L8685</td><td>L8686</td><td>L8687</td></tr> <tr><td>L8688</td><td>L8689</td><td></td><td></td></tr> </table>	61885	64568	L8680	L8681	L8682	L8685	L8686	L8687	L8688	L8689																																																																																										
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L8682	L8685	L8686	L8687																																																																																																			
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<p><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.</p>	<p>Prior Authorization is Required for the codes identified.</p>	<table border="1"> <tr><td>36468</td><td>36475</td><td>36478</td><td>37700</td></tr> <tr><td>37718</td><td>37722</td><td>37780</td><td></td></tr> </table>	36468	36475	36478	37700	37718	37722	37780																																																																																													
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37718	37722	37780																																																																																																				
<p><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.</p>	<p><b>Fax</b> OptumHealth at 877-814-0488 or <b>call the notification number</b> on the back of the <b>member's ID card</b>.</p>	<table border="1"> <tr><td>Q0505</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> <tr><td>33975</td><td>33976</td><td>33979</td><td>33981</td></tr> <tr><td>33982</td><td>33983</td><td></td><td></td></tr> </table>	Q0505	Q0507	Q0508	Q0509	33975	33976	33979	33981	33982	33983																																																																																										
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<p><b>Wound Vac</b></p>	<p>Prior Authorization is Required for the code identified.</p>	<table border="1"> <tr><td>E2402</td><td></td><td></td><td></td></tr> </table>	E2402																																																																																																			
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