

Advance Notification Requirements for Arizona Acute & Developmentally Disabled Effective Oct. 1, 2014



Important Information:

- ALL services rendered by a **non-contracted** provider require authorization and must have supporting documentation to support the out of network request.
- All Out of State services require authorization with medical documentation to support the request.
- ALL rendering providers/facilities/vendors must be actively AHCCCS registered.
- Any service which may be considered Experimental or Investigational is not a covered benefit.
- The member must be eligible at the time the covered service is rendered.
- Only one Provider may request services per prior authorization request form.
- Authorization is not a guarantee of payment. Billing guidelines must be met
- Only medically necessary, cost effective, and federally-reimbursable and state-reimbursable services are covered services, as outlined by the Arizona Health Care Cost Containment System (AHCCCS)
- ALL services may be submitted via UHC Portal (preferred method) –Phone- Fax.
 - Instructions for submitting prior authorization requests online, can be found at: www.uhccommunityplan.com

Prior Authorization FAX number: 1-888-899-1499 or CALL 1-866-604-3267

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		43644	43645	43647	43648
		43659	43770	43771	43772
		43773	43774	43775	43842
		43843	43845	43846	43847
		43848	43860	43865	43881
		43882	43886	43887	43888
		64590	95980	95981	95982
		0312T	0313T	0314T	0315T
		0316T	0317T		
Bone-Anchored Hearing Aids	Members 21 years of age and older: Hardware is not a covered benefit. Repair and maintenance of component parts is a covered benefit. Clinical documentation must accompany and establish the need for this service request.	L8690		L8692	
Bone Growth Stimulator Electronic stimulation or ultrasound to heal fractures		20974	20975	20979	E0747
		E0748	E0749		
BRCA Genetic Testing		81211	81212	81213	81214
		81215	81216	81217	
Breast Reconstruction (Non Mastectomy) Reconstruction of the breast except for post mastectomy		19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			

Procedures and Services (Outpatient services provided by participating providers)	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans			
Circumcision	Authorization should only be requested if procedure is medically necessary. Routine Circumcision is not a covered benefit.	54150	54160	54161	54162
Cochlear Implants	<p>Members less than 21 years old: CPT Codes identified require prior authorization.</p> <p>Members 21 years of age and older: Hardware is not a covered benefit. Repair and maintenance of component parts is a covered benefit. Clinical documentation must accompany and establish the need for this service request.</p>	L8614			
<p>Cochlear and Other Auditory Implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>		69710	69711	69714	69715
<p>Cosmetic and Reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiologic function</p>	Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage	11920	11922	11960	11971
Diabetic Supplies Provided by Pharmacy	Talking Glucometers available through the medical prior authorization process	Website for finding a provider or vendor: http://www.uhccommunityplan.com/health-professionals/az/members-information.html			

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<p>Durable Medical Equipment (DME) (See specific line item for services not covered by Preferred Homecare)</p> <ul style="list-style-type: none"> • Bone Stimulators • Diabetic Supplies • Enclosed Beds • Insulin Pumps • Percussion Vests • Specialty Beds • Wound Vacs 	<p><u>Services not covered by Preferred Homecare: Please refer to the Provider Manual for contracted Vendors related to these products</u></p>	<p>Website for finding a provider or vendor: http://www.uhcccommunityplan.com/health-professionals/az/members-information.html</p>																																																				
<p>Durable Medical Equipment (DME) Prosthetics are not DME (see <i>Prosthetics and Orthotics</i>)</p>	<p>Call Preferred Homecare at 800-636-2123</p>																																																					
<p>Enteral Services In home nutritional therapy either enteral or through a gastrostomy tube</p>	<p>Call Preferred Homecare at 800-636-2123</p>																																																					
<p>Experimental or Investigational</p>	<p>Non-covered benefit under AHCCCS. See the AHCCCS Medical Policy Manual, Chapter 300, Policy 320-B for additional details: http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap300.pdf</p>	<p>Examples of services currently considered experimental and/or investigational:</p> <table border="1"> <tr><td>36514</td><td>54240</td><td>55866</td><td>61863</td></tr> <tr><td>61864</td><td>61867</td><td>61868</td><td>61886</td></tr> <tr><td>62264</td><td>62290</td><td>62291</td><td>62292</td></tr> <tr><td>64555</td><td>64566</td><td>64722</td><td>65765</td></tr> <tr><td>65767</td><td>66180</td><td>95250</td><td>95251</td></tr> <tr><td>95965</td><td>95966</td><td>95967</td><td>95978</td></tr> <tr><td>96002</td><td>0085T</td><td>0191T</td><td>0262T</td></tr> <tr><td>0269T</td><td>0270T</td><td>0271T</td><td>0282T</td></tr> <tr><td>0283T</td><td>0285T</td><td>A4638</td><td>A6000</td></tr> <tr><td>A9274</td><td>A9276</td><td>A9277</td><td>A9278</td></tr> <tr><td>E0231</td><td>E1831</td><td>S0810</td><td>S1030</td></tr> <tr><td>S1031</td><td>S1040</td><td>S2102</td><td>S3652</td></tr> <tr><td>S8262</td><td>S9988</td><td>S9990</td><td>S9991</td></tr> </table>	36514	54240	55866	61863	61864	61867	61868	61886	62264	62290	62291	62292	64555	64566	64722	65765	65767	66180	95250	95251	95965	95966	95967	95978	96002	0085T	0191T	0262T	0269T	0270T	0271T	0282T	0283T	0285T	A4638	A6000	A9274	A9276	A9277	A9278	E0231	E1831	S0810	S1030	S1031	S1040	S2102	S3652	S8262	S9988	S9990	S9991
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<p>Genetic Testing</p>	<p>Prior authorization required (LabCorp contracted lab)</p>	<table border="1"> <tr><td>88245</td><td>88248</td><td>88249</td><td>88250</td></tr> <tr><td>88260</td><td>88261</td><td>88262</td><td>88263</td></tr> <tr><td>88264</td><td>88267</td><td>88269</td><td>88271</td></tr> <tr><td>88272</td><td>88273</td><td>88274</td><td>88275</td></tr> <tr><td>88280</td><td>88283</td><td>88285</td><td>88289</td></tr> <tr><td>88291</td><td>88299</td><td></td><td></td></tr> </table>	88245	88248	88249	88250	88260	88261	88262	88263	88264	88267	88269	88271	88272	88273	88274	88275	88280	88283	88285	88289	88291	88299																														
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<p>Hearing Services Hearing evaluations & hearing aids when completed outside of MSIC required authorization</p>	<p>No prior authorization is required for members < 21 years of age Prior authorization is required for members 21 years of age and older</p>																																																					
<p>Home Health Care Services</p>	<p>Prior Authorization required</p>	<table border="1"> <tr><td>99503</td><td>G0151</td><td>G0152</td><td>G0153</td></tr> <tr><td>G0154</td><td>G0155</td><td>G0156</td><td>G0157</td></tr> <tr><td>G0158</td><td>G0159</td><td>G0160</td><td>G0161</td></tr> <tr><td>G0162</td><td>G0163</td><td>G0164</td><td>S9122</td></tr> <tr><td>S9123</td><td>S9124</td><td>S9127</td><td>S9128</td></tr> <tr><td>S9129</td><td>S9131</td><td>S9474</td><td>T1000</td></tr> </table>	99503	G0151	G0152	G0153	G0154	G0155	G0156	G0157	G0158	G0159	G0160	G0161	G0162	G0163	G0164	S9122	S9123	S9124	S9127	S9128	S9129	S9131	S9474	T1000																												
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<p>Hospice</p>	<p>Prior Authorization is required</p>																																																					

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Infusion In-Home Services:	Call Preferred Homecare at 800-636-2123				
Injectable Medicatons For In-Home use	Call Preferred Homecare at 800-636-2123				
Injectable Medications Botox, IVIG, Makena require authorization	Prior Authorization is required	Botox J0585	J0586	J0587	J0588
		IVIG 90283	90284	J1459	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1599
		Makena J1725			
Insulin Pumps	Prior authorization is required		E0784		
Joint Replacement Outpatient and inpatient joint and total hip and knee replacement procedures		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	J7330	S2112
Laboratory Services	Call LabCorp at 866-433-7538				
Neuropsychological Testing		96116	96118	96119	96120
Non-Emergent Air Ambulance Transport		A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic Surgery Treatment of maxillofacial (jaw) functional impairment		21121	21122	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
		30465			
Orthotics and Prosthetics – Greater Than \$500 for Members less than 21 years old. Orthotics and prosthetics with a retail purchase or cumulative rental cost of more than \$500.		L0112	L0170	L0430	L0456
		L0458	L0460	L0462	L0464
		L0470	L0480	L0482	L0484
		L0486	L0488	L0491	L0624
		L0629	L0631	L0632	L0634
		L0635	L0636	L0637	L0638
		L0639	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300

**Orthotics and Prosthetics –
Greater Than \$500 (Continued)**

L1310	L1499	L1500	L1510
L1520	L1680	L1685	L1686
L1690	L1700	L1710	L1720
L1730	L1755	L1832	L1834
L1840	L1843	L1844	L1845
L1846	L1860	L1932	L1945
L1950	L1951	L1970	L2000
L2005	L2010	L2020	L2030
L2034	L2036	L2037	L2038
L2060	L2106	L2108	L2114
L2116	L2126	L2128	L2132
L2134	L2136	L2350	L2510
L2525	L2526	L2627	L2628
L2999	L3000	L3010	L3020
L3031	L3160	L3201	L3202
L3203	L3204	L3206	L3207
L3212	L3213	L3214	L3215
L3216	L3217	L3219	L3221
L3222	L3230	L3250	L3251
L3252	L3253	L3265	L3649
L3671	L3674	L3720	L3730
L3740	L3763	L3764	L3765
L3766	L3900	L3901	L3904
L3905	L3960	L3961	L3962
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

<p>Orthotics and Prosthetics – Greater Than \$500 (Continued)</p>		<table border="0"> <tr><td>L5950</td><td>L5960</td><td>L5961</td><td>L5962</td></tr> <tr><td>L5964</td><td>L5966</td><td>L5968</td><td>L5973</td></tr> <tr><td>L5976</td><td>L5979</td><td>L5980</td><td>L5981</td></tr> <tr><td>L5982</td><td>L5984</td><td>L5986</td><td>L5987</td></tr> <tr><td>L5988</td><td>L5990</td><td>L5999</td><td>L6000</td></tr> <tr><td>L6010</td><td>L6020</td><td>L6025</td><td>L6050</td></tr> <tr><td>L6055</td><td>L6100</td><td>L6110</td><td>L6120</td></tr> <tr><td>L6130</td><td>L6200</td><td>L6205</td><td>L6250</td></tr> <tr><td>L6300</td><td>L6310</td><td>L6320</td><td>L6350</td></tr> <tr><td>L6360</td><td>L6370</td><td>L6380</td><td>L6382</td></tr> <tr><td>L6384</td><td>L6400</td><td>L6450</td><td>L6500</td></tr> <tr><td>L6550</td><td>L6570</td><td>L6580</td><td>L6582</td></tr> <tr><td>L6584</td><td>L6586</td><td>L6588</td><td>L6590</td></tr> <tr><td>L6621</td><td>L6623</td><td>L6624</td><td>L6646</td></tr> <tr><td>L6648</td><td>L6686</td><td>L6687</td><td>L6689</td></tr> <tr><td>L6690</td><td>L6692</td><td>L6693</td><td>L6694</td></tr> <tr><td>L6695</td><td>L6696</td><td>L6697</td><td>L6704</td></tr> <tr><td>L6707</td><td>L6708</td><td>L6709</td><td>L6711</td></tr> <tr><td>L6712</td><td>L6713</td><td>L6714</td><td>L6715</td></tr> <tr><td>L6880</td><td>L6881</td><td>L6882</td><td>L6883</td></tr> <tr><td>L6884</td><td>L6885</td><td>L6895</td><td>L6900</td></tr> <tr><td>L6905</td><td>L6910</td><td>L6915</td><td>L6920</td></tr> <tr><td>L6925</td><td>L6930</td><td>L6935</td><td>L6940</td></tr> <tr><td>L6945</td><td>L6950</td><td>L6955</td><td>L6960</td></tr> <tr><td>L6965</td><td>L6970</td><td>L6975</td><td>L7007</td></tr> <tr><td>L7008</td><td>L7009</td><td>L7040</td><td>L7045</td></tr> <tr><td>L7170</td><td>L7180</td><td>L7181</td><td>L7185</td></tr> <tr><td>L7186</td><td>L7190</td><td>L7191</td><td>L7260</td></tr> <tr><td>L7261</td><td>L7274</td><td>L7405</td><td>L7499</td></tr> <tr><td>L8035</td><td>L8040</td><td>L8041</td><td>L8042</td></tr> <tr><td>L8043</td><td>L8044</td><td>L8045</td><td>L8046</td></tr> <tr><td>L8047</td><td>L8499</td><td>L8500</td><td>L8605</td></tr> <tr><td>L8609</td><td>L8610</td><td>L8612</td><td>L8631</td></tr> <tr><td>L8659</td><td>V2623</td><td>V2627</td><td></td></tr> </table>	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	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	
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L8609	L8610	L8612	L8631																																																																																																																																							
L8659	V2623	V2627																																																																																																																																								
<p>Orthotics Exceptions Members 21 years of age and older</p>	<p>An <u>Orthotic Exception Form</u> must accompany a request for the codes listed. The form can be found at the uhcommunityplan.com website link: http://www.uhcommunityplan.com/health-professionals/az/provider-forms.html</p>	<p><u>An Orthotic Exception Form must accompany the request for the items below:</u></p> <ul style="list-style-type: none"> • Halo to treat cervical fracture instead of surgery L0810 – L0861 • Walking boot (to treat fractures or severe ligament injuries) L4350 – L4396 • Knee orthotics for crutch dependent ambulation L1810 – L1860 excluding L1834, L1840, L1844, L1846 																																																																																																																																								

<p>Outpatient Therapy – Physical Therapy</p>	<p>For Acute members Less than 21 years old and QMB Adults: Authorization required after 12th visit</p> <p>For members 21 years of age and older: No authorization required (see Benefit Limit)</p>	<p>For DD members: Authorization required for all ages</p>	<p>Benefit Limit for Members 21 years old and over: Restorative therapy : 15 visit annual benefit limit Maintenance therapy: 15 visit annual benefit limit</p>
<p>Outpatient Therapy – Occupational & Speech Therapy</p>	<p>For Acute members Less than 21 years old and QMB Adults: Authorization required after 12th visit</p> <p>For members 21 years of age and older: Not a Covered Benefit</p>	<p>For DD members: Prior Authorization required for all ages</p>	
<p>Percussive Vests</p>	<p>Members 21 years of age and older: -Hardware is not a covered benefit -Repair and maintenance of component parts is a covered benefit -Clinical documentation must accompany and establish the need for this service request</p>	<p>E0493</p>	
<p>Pharmacy Prior Authorization Required:</p> <p>Hemophilia Factor Drugs</p> <p>Bio Tech Drugs</p> <ul style="list-style-type: none"> • Aldurazyme • Ceprotin • Cerezyme • Elaprase • Fabrazyme • Lumizyme • Myozyme • Acthar Gel • Kuvan • Orfadin • Kalydeco 	<p>Pharmacy Prior Authorization: Call: 800-310-6826 FAX:866-940-7328</p> <p>Specialty Pharmacy: FAX: 800-853-3844</p>	<p>To see the list of drugs requiring authorization, go to UHCCommunityPlan.com > Pharmacy Program.</p> <p>Service Requests must Include 'J' code and NDC code for the medication requested</p>	
<p>Podiatry Services for Members 21 years of age and older</p>	<p>Foot and Ankle Services provided by a podiatrist are no longer covered. Those services may be reimbursed if rendered by another clinician such as a physician, NP, or PA.</p>		

Advance Notification Requirements for Arizona Acute & Developmentally Disabled Effective Oct. 1, 2014



Pregnancy Termination		59840 59852 59866	59841 59855	59850 59856	59851 59857
Proton Beam Therapy Focused radiation therapy using beams of protons (tiny particles with a positive charge)		77520	77522	77523	77525
Septoplasty and Rhinoplasty Treatment of nasal functional impairment and septal deviation		30400 30435	30410 30450	30420 30460	30430 30462
Sleep Apnea Procedures and Surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		21685	41530	42145	41599
Sleep Studies	<ul style="list-style-type: none"> • Unattended Sleep Studies: <u>No</u> Prior Authorization required • Attended sleep studies require Prior Authorization • Children <6 years old <u>No</u> Prior Authorization required 	95805 95811	95807	95808	95810
Specialty/Enclosed Beds		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		63650	63655	63685	
Spinal Surgery Inpatient and outpatient spinal surgeries		22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101
Spinal Surgery (Continued)					

Advance Notification Requirements for Arizona Acute & Developmentally Disabled Effective Oct. 1, 2014



			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
			0092T	0095T	0098T	0164T
Sterilization	For Acute members less than 21 years old: Prior Authorization required	For All DD members: Prior Authorization is required	52601	52630	52647	52648
			52649	55250	55450	55801
			55821	55831	58150	58180
			58200	58210	58240	58260
			58262	58263	58267	58270
			58275	58280	58285	58290
			58291	58292	58293	58294
			58541	58542	58543	58544
			58548	58550	58552	58553
			58554	58565	58570	58571
			58572	58573	58600	58605
			58611	58615	58670	58671
			58700	58951	58953	58954
			58956	59135	59525	
			Transplants	Prior Authorization is required For transplant services, call OptumHealth 800-418-4994 or the notification number on the back of the member's ID card		32850
	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			

Advance Notification Requirements for Arizona Acute & Developmentally Disabled Effective Oct. 1, 2014



Transportation (Non-Emergent: Taxi, Stretcher, Van)	Call MTBA at 888-700-6822				
Vagus Nerve Stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves		61885 L8682 L8688	64568 L8685 L8689	L8680 L8686	L8681 L8687
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		36468 37718	36475 37722	36478 37780	37700
Ventricular Assist Devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow.		Fax OptumHealth at 877-814-0488 or call the notification number on the back of the member's ID card.			
Wound Vac		Q0505 Q0507 Q0508 Q0509 33975 33976 33979 33981 33982 33983			
		E2402			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Acute	Developmentally Disabled	Codes for UnitedHealthcare Community Plan Benefit Plans
Dental Services	Refer to UHC Dental department at 855-812-9208		
Eye Care/Optomety	Call Nationwide Vision at 800-481-2779		<p><u>For under 21 years of age</u></p> <ul style="list-style-type: none"> • 1 Routine Eye Exam every 12 Months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame selected up to \$79.99 retail price point • One replacement pair due to lost, stolen or damaged • Member may buy-up (pay the difference). They must sign a waiver <p><u>For Adults 21 years of age or older</u> When medically necessary to diagnose or treat diseases and conditions of the eye</p>
Inpatient Admission	Notification is required		
Out of Network Services	All out of network (non Par) services require Prior Authorization.		
Out of State Services	Benefit is only approved when service is emergent or is unavailable in the State of AZ		
Radiology Prior Authorization			<p>Prior authorization is required for these advanced imaging procedures: CT, MRI, MRA, PET scan, nuclear medicine and nuclear cardiology.</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>To request prior authorization, call 866-889-8054. Fax: 866-889-8061 Or refer to: http://www.uhccommunityplan.com/health-professionals/AZ/radiology</p> <p>For more information, including a list of the CPT codes that require prior authorization, go to UHCCommunityPlan.com > <i>Radiology > 2014 CPT Code List.</i></p>
Skilled Nursing Facility Services	Prior Authorization is required		