

# Prior Authorization Requirements for Arizona Complete Care Medicaid Effective November 1, 2018

## General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Arizona Acute Medicaid 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:** 866-604-3267
- **Fax:** 888-889-1499; fax form is available at **UHCprovider.com/AZcommunityplan** >Prior Authorization and Notification Resources >Prior Authorization Paper Fax Forms

## Important Information

- **To be eligible for prior 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.
- **Physician Specialty Service delivered inside Multi-Specialty Interdisciplinary Clinics (MSIC)** do not require prior authorization for Special Healthcare Needs (CRS) members.
- **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><b><u>For members younger than age 21:</u></b></p> <p>Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p><b><u>For members age 21 and older:</u></b></p> <p>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, <b>is <u>not</u> a covered benefit.</b></p> <p>Allergy testing, including testing for common allergens, <b>is a covered benefit</b> when the member has:</p> <ul style="list-style-type: none"> <li>• Sustained an anaphylactic reaction to an unknown allergen</li> <li>• Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a</li> </ul>	

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Allergy immunotherapy (cont'd)</b>	life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <b><u>Prior authorization is required for allergy testing when it meets the criteria above.</u></b>				
<b>Bariatric surgery</b>	Prior authorization required for the codes listed	43644 43770 43846 43882	43645 43775 43847 43887	43648 43842 43848 64590	43659 43845 43860
<b>Behavioral health</b>	<b><u>For members with serious mental illness (SMI):</u></b>  Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program at <b>800-348-4058</b> .	The following benefits and/or codes require prior authorization: <ul style="list-style-type: none"> <li>• Acute inpatient admission</li> <li>• Adaptive behavior treatment (ABA)</li> <li>• Electroconvulsive therapy</li> <li>• Home care training client</li> <li>• Psychological testing</li> <li>• Out-of-state placement</li> <li>• Residential behavioral health facility – Level II group home</li> <li>• Residential treatment center – Level 1</li> <li>• Transcranial magnetic stimulation</li> </ul>			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975 E0749	20979	E0747	E0748
<b>BRCA genetic testing</b>	Prior authorization required for the codes listed  Please direct all lab requests to LabCorp at <b>800-533-0567</b> for review and processing.	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
<b>Breast reconstruction</b> (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
<b>Cancer supportive services</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>  <b>Bio similar (Zarxio<sup>®</sup>)</b> Q5101  <b>Filgrastim (Neupogen<sup>®</sup>)</b> J1442  <b>Pegfilgrastim (Neulasta<sup>®</sup>)</b> J2505  <b>Sargramostim (Leukine<sup>®</sup>)</b> J2820			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive services (cont'd)		<p><b>Tbo-filgrastim (Granix<sup>®</sup>)</b> J1447</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab</b> J0897</p> <p>For prior authorization: please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/AZcommunityplan &gt;Prior Authorization and Notification Resources &gt;Cardiology Prior Authorization and Notification Program</b></p>			
Chemotherapy	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>For prior authorization: please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>888-397-8129</b>.</p>			
Chiropractic care	<p><b><u>For members younger than age 21:</u></b></p> <p>Prior authorization not required</p> <p><b><u>For members age 21 and older:</u></b></p> <p><b>Chiropractic care is <u>not</u> a covered benefit.</b></p>				
Circumcision	<p><b>Routine circumcision is <u>not</u> a covered benefit.</b></p> <p>Prior authorization required <u>only</u> for cases with documented medical necessity.</p>	54150	54160	54161	54162

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cochlear and other auditory implants</b>	<b><u>For members younger than age 21:</u></b>	69710	69714	69715	69718
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required for the codes listed	69930	L8614	L8619	L8690
		L8691	L8692		
	<b><u>For members age 21 and older:</u></b>				
	<ul style="list-style-type: none"> <li>• Prior authorization required for supplies, equipment maintenance and repair of component parts</li> <li>• <b>Hardware is <u>not</u> a covered benefit.</b></li> <li>• <b>Clinical documentation <u>must</u> accompany and establish medical necessity for this service request.</b></li> </ul>				
<b>Cosmetic and reconstructive procedures</b>	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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21230	21235	21256	21275
		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			
<b>Dental services</b>	For prior authorization requirements, please call UnitedHealthcare Dental at <b>855-812-9208</b> .				
<b>Diabetic supplies</b>	Diabetic supplies are provided by the local pharmacy.				
	Prior authorization for talking glucometers available through the medical prior authorization process				
<b>Durable medical equipment (DME)</b>	To request DME items, please call Preferred Homecare at <b>800-636-2123</b> .				
	Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500				
	These DME items are <u>not</u> covered by Preferred Homecare:				
	<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>	E0194	E0265	E0266	E0270
		E0300	E0445	E0457	E0460
		E0466	E0483	E0620	E0636
		E0638	E0641	E0642	E0656
		E0669	E0670	E0675	E0693
		E0694	E0700	E0710	E0745
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E1006	E1007	E1008	E1009
		E1010	E1030	E1035	E1036
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Durable medical equipment (DME) (cont'd)</b>		E1237	E1238	E1239	E2100	
		E2227	E2228	E2230	E2300	
		E2301	E2322	E2325	E2327	
		E2329	E2331	E2351	E2373	
		E2510	E2511	E2599	E2626	
		E2627	E2628	E2629	E2630	
		E8001	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			
	<b>Enteral services/parenteral/oral</b> In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements	To request services and/or supplies, please call Preferred Homecare at <b>800-636-2123</b> .	<b>Clinical documentation and oral supplement Certificate of Medical Necessity as applicable <u>must</u> accompany and establish medical necessity for this service request.</b>			
			<p><b><u>For members younger than age 21:</u></b>  For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 430, EPSDT Services &gt; 430-10.</b></p> <p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 430-2.</b></p> <p><b><u>For members age 21 and older:</u></b></p> <p>Please review AMPM Chapter 300, Policy 310-GG at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; 310, Covered Services &gt; 310-GG.</b></p> <p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical</b></p>			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Enteral services/parenteral/oral (cont'd)</b>		Policy for Covered Services > Chapter 300 - Overview > Attachment C.			
<b>Experimental and investigational</b>	Prior authorization required for all services considered experimental and/or investigational	0191T	33477	36514	55866
		61863	61864	61867	61868
		61886	64555	64722	66180
	For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.	95978	A4638	A9274	E1831
<b>Eye care/optometry</b>	<p><b><u>Benefits provided for members younger than age 21:</u></b></p> <ul style="list-style-type: none"> <li>• One routine eye exam every 12 months</li> <li>• Regular single vision bifocal or trifocal polycarbonate lenses</li> <li>• Frame for up to \$79.99 retail price</li> <li>• One replacement pair of glasses if lost, stolen or damaged</li> <li>• Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision.</li> </ul> <p><b><u>For members age 21 and older:</u></b></p> <p>Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye</p>	For member eye care services, please call Nationwide Vision at <b>800-481-2779</b> .			
<b>Femoracetabular impingement syndrome (FAI)</b>	Prior authorization required for the codes listed	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required for the codes listed	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic testing</b>	Prior authorization required for all services not covered by LabCorp	88245	88248	88249	88261
		88262	88263	88264	88267
	To determine prior authorization requirements, please call LabCorp at <b>800-788-9743</b> .	88269	88271	88272	88273
		88274	88275	88280	88283
		88285	88289	88291	88299
<b>Hearing services</b>	<b><u>For members younger than age 21:</u></b>	92590	92591	92592	92593
Hearing evaluations and hearing aids	Prior authorization not required	92594	92595	S0618	V5010
		V5011	V5014	V5030	V5040
	<b><u>For members age 21 and older:</u></b>	V5050	V5060	V5095	V5100
	Prior authorization required	V5120	V5170	V5180	V5190
		V5220	V5230	V5242	V5243
		V5244	V5245	V5246	V5247
		V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
		V5267	V5298		
<b>Home health care services</b>	Prior authorization required for the codes listed	G0299	G0300		

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request incontinence supplies, please call Preferred Homecare at <b>800-636-2123</b> .
<b>Infusion in-home services</b>	Prior authorization required for all services not covered by Preferred Homecare	To request services and/or supplies, please call Preferred Homecare at <b>800-636-2123</b> .
<b>Injectable medications for in-home usage</b>	Prior authorization required for all medications not covered by Preferred Homecare	To request medications, please call Preferred Homecare at <b>800-636-2123</b> .
<b>Injectable medications</b>	Prior authorization required for the codes listed	<p><b>Actemra<sup>®****</sup></b> J3262</p> <p><b>Acthar<sup>®</sup></b> J0800</p> <p><b>Botulinum toxins</b> J0585      J0586      J0587      J0588</p> <p><b>Brineura<sup>™</sup></b> C9014</p> <p><b>Cerezyme<sup>®***</sup></b> J1786</p> <p><b>Cinqair<sup>®</sup></b> J2786</p> <p><b>Elelyso<sup>®**</sup></b> J3060</p> <p><b>Entyvio<sup>®****</sup></b> J3380</p> <p><b>Exondys 51<sup>™**</sup></b> J1428</p> <p><b>Fasenra<sup>™</sup></b> C9466</p> <p><b>Ilaris<sup>®</sup></b> J0638</p> <p><b>Inflectra<sup>®****</sup></b> Q5103</p> <p><b>IVIG</b> 90283      90284      J1459      J1555 J1556      J1557      J1559      J1561 J1566      J1568      J1569      J1572 J1575      J1599</p> <p><b>Lemtrada<sup>®</sup></b> J0202</p> <p><b>Luxturna<sup>™</sup></b> C9032</p> <p><b>Makena<sup>®*</sup></b> J1726      J1729      J2675</p> <p><b>Nucala<sup>®</sup></b> J2182</p> <p><b>Ocrevus<sup>™</sup></b> J2350</p>

## Injectable medications (cont'd)

**Orencia<sup>®\*\*\*\*</sup>**

J0129

**Parsabiv<sup>™</sup>**

J0606

**Probuphine<sup>®</sup>**

J0570

**Radicava<sup>®</sup>**

C9493

**Remicade<sup>®\*\*\*\*</sup>**

J1745

**Renflexis<sup>®\*\*\*\*</sup>**

Q5104

**Simponi Aria<sup>®\*\*\*\*</sup>**

J1602

**Soliris<sup>®\*\*</sup>**

J1300

**Spinraza<sup>™\*\*</sup>**

J2326

**Sublocade<sup>™</sup>**

Q9991      Q9992

**Synagis<sup>®\*\*</sup>**

90378

**Unclassified codes<sup>\*\*\*</sup>**

C9399      J3490      J3590

**VPRIV<sup>®</sup>**

J3385

**Xolair<sup>®\*\*</sup>**

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**.



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont'd)</b>		<b>*** For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Crystvita®, *Fasenra, Luxturna™, Radicava and Trogarzo™</b> <b>**** Prior authorization is required for dates of service 10/15/18 and after</b>			
<b>Inpatient admission</b>	Notification required for admissions				
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required for the codes listed	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487	23474 24363 27122 27134 27446 29866
<b>Laboratory services</b>	Prior authorization required	Please call LabCorp at <b>800-788-9743</b> .			
<b>Non-emergent air ambulance transport</b>	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
<b>Orthognatic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required for the codes listed	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics and prosthetics</b>	Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	L0112 L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 L1730 L1834 L1845 L1860 L2000 L2030 L2038 L2126 L2510 L3230 L3674 L3764 L3905 L3976	L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1836 L1846 L1945 L2005 L2034 L2060 L2128 L2526 L3265 L3720 L3900 L3961 L3977	L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1830 L1840 L1847 L1950 L2010 L2036 L2106 L2136 L2627 L3649 L3730 L3901 L3971 L3999	L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1831 L1844 L1850 L1970 L2020 L2037 L2108 L2350 L2628 L3671 L3740 L3904 L3975 L4000
	<b><u>For members younger than age 21 with orthotic limitation:</u></b> <ul style="list-style-type: none"> <li>Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit.</li> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively.</li> </ul>				
	<b><u>For members age 21 and older:</u></b> AHCCCS orthotics coverage applies if: <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> </ul>				

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont'd)</b>	<ul style="list-style-type: none"> <li>The orthotic is ordered by a physician or primary care provider.</li> </ul>	L4010	L4020	L4350	L4392
		L4394	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	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5644	L5646
		L5648	L5651	L5653	L5661
		L5682	L5702	L5703	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	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	L6010
		L6020	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	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
		L7405	L8040	L8042	L8043
		L8044	L8045	L8046	L8047

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L8499 L8631	L8609 L8659	L8610	L8612
Out-of-network services	Prior authorization required for all out-of-network services				
Out-of-state services	Benefit only approved when service is emergent or unavailable in the state of Arizona				
Outpatient therapy	<b>For members younger than age 21:</b>	92507	92508	92521	92522
	Prior authorization required after the 12 <sup>th</sup> visit	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
	<b>For members age 21 and older:</b>	97165	97166	97167	97168
		97799			
	Prior authorization not required				
<b>Outpatient speech therapy is <u>not</u> a covered benefit.</b>					
Occupational and physical therapy are covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:					
<ul style="list-style-type: none"> <li>• <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 - Sept. 30, to help an individual restore a skill or level of function, and maintain it.</li> <li>• <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 - Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it.</li> </ul>					
<b>For QMB members:</b>					
Covered for unlimited visits when medically necessary					
Pharmacy drugs	A list of medications requiring prior authorization is available at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Pharmacy Resources and Physician Administered Drugs <b>Service requests <u>must</u> include "J" Codes and NDC Codes for the medication requested.</b>	For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:  Phone: <b>800-310-6826</b> Fax: <b>866-940-7328</b>			
	The following hemophilia factor/biotech drugs are included on the prior authorization list: <ul style="list-style-type: none"> <li>• Acthar<sup>®</sup> gel</li> <li>• Aldurazyme<sup>®</sup></li> <li>• Ceprotin<sup>®</sup></li> <li>• Cerezyme<sup>®</sup></li> <li>• Cinryze<sup>®</sup></li> <li>• Elaprase<sup>®</sup></li> <li>• Elelyso<sup>®</sup></li> <li>• Fabrazyme<sup>®</sup></li> </ul>	For specialty pharmacy prior authorization, please fax <b>866-940-7328</b> .  Fax forms are available at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Pharmacy Resources and Physician Administered Drugs > Pharmacy Prior Authorization > Pharmacy Prior Authorization Forms . For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Pharmacy drugs (cont'd)	<ul style="list-style-type: none"> <li>• Juxtapid<sup>®</sup></li> <li>• Kalydeco<sup>®</sup></li> <li>• Kuvan<sup>®</sup></li> <li>• Kynamro<sup>®</sup></li> <li>• Lumizyme<sup>®</sup></li> <li>• Myozyme<sup>®</sup></li> <li>• Orfadin<sup>®</sup></li> <li>• VPRIV<sup>®</sup></li> </ul>				
Pregnancy termination	<p>Prior authorization required for the codes listed</p> <p>Prior authorization includes Mifepristone, Mifeprex<sup>®</sup> or RU-486</p> <p><b>Clinical documentation and the Certificate of Medical Necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.</b></p> <p>For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at <b>AZAHCCCS.gov</b> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 410, Maternity Care Services &gt; Section E Pregnancy Termination.</p> <p>The Certificate of Medical Necessity For Pregnancy Termination can be found at <b>AZAHCCCS.gov</b> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; Attachment C.</p>	59840 59852	59841 59855	59850 59856	59851 59857
Private duty nursing	Prior authorization required for the codes listed	T1002	T1003		
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 these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/AZcommunityplan</b> &gt;Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p>			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes listed	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required for the codes listed	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Carpal tunnel surgery</b> 64721			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cataract surgery</b> 66821 66982 66984			
		<b>Colonoscopy</b> 45378 45380 45384 45385			
		<b>Cosmetic and reconstructive</b> 13101 13132 14040 14060 14301 21552 21931			
		<b>Ear, nose and throat (ENT) procedures</b> 21320 30140 30520 69436 69631			
		<b>Gynecologic procedures</b> 57522 58353 58558 58563 58565			
		<b>Hernia repair</b> 49505 49585 49587 49650 49651 49652 49653 49654 49655			
		<b>Liver biopsy</b> 47000			
		<b>Miscellaneous</b> 20680			
		<b>Ophthalmologic</b> 65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312			
		<b>Tonsillectomy and adenectomy</b> 42820 42821 42825 42826 42830			
		<b>Upper and lower gastrointestinal endoscopy</b> 43235 43239 43249			
		<b>Urologic procedures</b> 50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 55040 55700 57288			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Skilled nursing facility services</b>	Prior authorization required				
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required for the codes listed	21685	41599	42145	
<b>Specialty/enclosed beds</b>	Prior authorization required for the codes listed	E0250 E0260 E0291 E0295 E0316	E0251 E0261 E0292 E0301 E0462	E0255 E0280 E0293 E0303	E0256 E0290 E0294 E0315
<b>Spinal stimulator for pain management</b>	Prior authorization required for the codes listed	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required for the codes listed	0095T 22101 22114 22212 22532 22554 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	0098T 22102 22206 22214 22533 22556 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570	0164T 22110 22207 22220 22548 22558 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 52647 55450 58150 58240 58267 58285 58293 58543 58552	22100 22112 22210 22224 22551 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308 52648 55801 58180 58260 58270 58290 58294 58544 58553
<b>Sterilization</b>	Prior authorization required for the codes listed	52601 52649	52630 55250	52647 55450	52648 55801
	<b><u>For all members younger than age 21:</u></b>	55821	55831	58150	58180
	Prior authorization required	58200 58262	58210 58263	58240 58267	58260 58270
	<b>Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.</b>	58275 58291 58541	58280 58292 58542	58285 58293 58543	58290 58294 58544
	For more information, please review	58548	58550	58552	58553

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sterilization (cont'd)</b>	<p>AMPM Chapter 400, Section 420, Section E Sterilization at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 420, Family Planning &gt; Section E Sterilization.</p> <p>The Consent to Sterilization form can be found at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 420, Family Planning &gt; Attachment A.</p>	58554	58570	58571	58572
		58573	58600	58605	58611
		58615	58670	58671	58700
		58951	58953	58954	58956
		59135	59525		
<b>Transplant services</b>	<p>Prior authorization required for the codes listed</p> <p><b>Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.</b></p>	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.</p>			
		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		
		<p>Prior authorization required for diagnosis codes <b>C81.00-C88.9</b> and <b>C91.00-C91.02</b> along with codes:</p>			
		38206	38999	J3490	J9999
		Q2040	Q2041	S2107	
<b>Transportation</b>	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at <b>888-700-6822</b> .			
<b>Vagus nerve stimulation</b>	Prior authorization required for the codes listed	61885	64568	L8680	L8682
Implantation of a device that sends electrical impulses into one of the cranial nerves		L8685	L8686	L8687	L8688
<b>Vein procedures</b>	Prior authorization required for the codes listed	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Ventricular assist devices</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required for the codes listed	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required for the code listed	E2402			