

Prior authorization requirements for Arizona Complete Health Medicaid

Effective October 1, 2024

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Complete Care (ACC) Medicaid program providing inpatient and outpatient services.

To request prior authorization, please submit your request using one of the following:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To access the portal, go to [UHCprovider.com](https://uhcprovider.com) and click Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **Phone:** 800-445-1638

Please note

- 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 and out-of-state health care professionals require prior authorization and documentation supporting the out-of-network request
- Experimental and investigational services are not covered benefits
- All rendering health care professionals, facilities and vendors must be actively registered with AHCCCS
- Services delivered inside the multi-specialty interdisciplinary clinics (MSIC) to children's rehabilitative services (CRS)-designated/CRS formerly designated members do not require prior authorization
- Only 1 health care professional may request services on a prior authorization request form
- Only medically necessary, cost-effective, federally- and state-reimbursable services are covered as outlined by AHCCCS

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|-------------------------|---|--|
| Allergy immunotherapy | <p>For members younger than 21:</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>For members 21 and older:</p> <p>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is not a covered benefit.</p> <p>Allergy testing, including testing for</p> | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|--|--|---|---|---|
| Allergy immunotherapy (cont.) | <p>common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none"> Sustained an anaphylactic reaction to an unknown allergen Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. Prior authorization is required for allergy testing when it meets the criteria above | | | | |
| Augmentative and alternative communication | Prior authorization is required for the codes listed. | 92607 E2500 E2508 E2599 | 92608 E2502 E2510 V5336 | 92609 E2504 E2511 | A9901 E2506 E2512 |
| Bariatric surgery | Prior authorization is required for the codes listed. | 43644 43775 43847 | 43645 43842 43848 | 43659 43845 43860 | 43770 43846 |
| Behavioral health | <p>For members with serious mental illness (SMI):</p> <p>Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program. For assistance call 800-348-4058.</p> | <p>For a full list of Behavioral Health prior authorization requirements, please visit providerexpress.com Behavioral Health Prior Authorization Code List by State (providerexpress.com)</p> | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization is required for the codes listed. | 20975 | 20979 | E0760 | |
| Breast cancer (BRCA) genetic testing | <p>Prior authorization is required for the codes listed.</p> <p>Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.</p> | 81162 81166 81217 | 81163 81212 81432 | 81164 81215 81433 | 81165 81216 |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy | Prior authorization is required for the codes listed. | 11971 19328 19350 19367 19371 | 19316 19330 19357 19368 19380 | 19318 19340 19361 19369 19396 | 19325 19342 19364 19370 L8600 |
| Cancer supportive | Prior authorization is required for colony-stimulating factor drugs and | <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

| | | | | |
|-----------------|--|---|--|--|
| services | bone-modifying agent administered in an outpatient setting for a cancer diagnosis. | Filgrastim (Neupogen®) J1442 | | |
| | | Filgrastim-aafi (Nivestym™) Q5110 | | |
| | | Filgrastim-ayow, biosimilar (Releuko®) Q5125 | | |
| | | Filgrastim-sndz (Zarxio®) Q5101 | | |
| | | Pegfilgrastim (Neulasta®) J2506 | | |
| | | Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122 | | |
| | | Pegfilgrastim-bmez (Ziextenzo®) Q5120 | | |
| | | Pegfilgrastim-cbqv (UDENYCA™) Q5111 | | |
| | | Pegfilgrastim-jmdb (Fulphila™) Q5108 | | |
| | | Sargramostim (Leukine®) J2820 | | |
| | | Tbo-filgrastim (Granix®) J1447 | | |
| | | Trilaciclib (Cosela®) J1448 | | |
| | | <u>Bone-modifying agent that requires prior authorization:</u> | | |
| | | Denosumab (Xgeva®) J0897 | | |
| | | Colony Stimulating Factors | | |
| | | J1449 | | |
| | | Erythropoiesis – Stimulating Agents | | |
| | | J0885 | | |
| | | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129 . | | |

| | | |
|-------------------|--|--|
| Cardiology | Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance. | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal Dashboard. Or call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit: UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior |
|-------------------|--|--|

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|----------------------------------|--|---------|---------|---------|
| Authorization and Notification Program | | | | | |
| Cardiovascular | Prior authorization is required. | 37220 | 37221 | 37224 | 37225 |
| | | 37226 | 37227 | 37228 | 37229 |
| | | 37230 | 37231 | 93580 | |
| | | DX Not Req PA | | | |
| | | E08.52 | E09.52 | E10.52 | E11.52 |
| | | E13.52 | I70.221 | I70.222 | I70.223 |
| | | I70.228 | I70.229 | I70.231 | I70.232 |
| | | I70.233 | I70.234 | I70.235 | I70.238 |
| | | I70.239 | I70.241 | I70.242 | I70.243 |
| | | I70.244 | I70.245 | I70.248 | I70.249 |
| | | I70.25 | I70.261 | I70.262 | I70.263 |
| | | I70.268 | I70.269 | I70.321 | I70.322 |
| | | I70.323 | I70.329 | I70.331 | I70.332 |
| | | I70.333 | I70.334 | I70.335 | I70.338 |
| | | I70.339 | I70.341 | I70.342 | I70.343 |
| | | I70.344 | I70.345 | I70.348 | I70.349 |
| | | I70.35 | I70.361 | I70.362 | I70.363 |
| | | I70.369 | I70.421 | I70.422 | I70.423 |
| | | I70.428 | I70.429 | I70.431 | I70.432 |
| | | I70.433 | I70.434 | I70.435 | I70.438 |
| | | I70.439 | I70.441 | I70.442 | I70.443 |
| | | I70.444 | I70.445 | I70.448 | I70.449 |
| | | I70.461 | I70.462 | I70.463 | I70.468 |
| | | I70.469 | I70.521 | I70.522 | I70.523 |
| | | I70.528 | I70.529 | I70.531 | I70.532 |
| | | I70.533 | I70.534 | I70.535 | I70.538 |
| | | I70.539 | I70.541 | I70.542 | I70.543 |
| | | I70.544 | I70.545 | I70.548 | I70.549 |
| | | I70.561 | I70.562 | I70.563 | I70.568 |
| | | I70.569 | I70.621 | I70.622 | I70.623 |
| | | I70.628 | I70.629 | I70.631 | I70.632 |
| | | I70.633 | I70.634 | I70.635 | I70.638 |
| | | I70.639 | I70.641 | I70.642 | I70.643 |
| | | I70.644 | I70.645 | I70.648 | I70.649 |
| | | I70.661 | I70.662 | I70.663 | I70.668 |
| | | I70.669 | I70.721 | I70.722 | I70.723 |
| | | I70.728 | I70.729 | I70.731 | I70.732 |
| | | I70.733 | I70.734 | I70.735 | I70.738 |
| | | I70.739 | I70.741 | I70.742 | I70.743 |
| | | I70.744 | I70.745 | I70.748 | I70.749 |
| | | I70.761 | I70.762 | I70.763 | I70.768 |
| | | I70.769 | I72.3 | I72.4 | I72.8 |
| | | I72.9 | I77.2 | I77.70 | I77.72 |
| | | I77.77 | I77.79 | I74.3 | I74.4 |
| | | I74.5 | I74.8 | I74.9 | I75.021 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|-------------------------------|--|----------|----------|----------|----------|
| Cardiovascular (cont.) | | I75.022 | I75.023 | I75.029 | I75.89 |
| | | T82.818A | T82.868A | S81.801A | S81.802A |
| | | S81.809A | S91.301A | S91.302A | S91.309A |
| | | M86.051 | M86.052 | M86.059 | M86.061 |
| | | M86.062 | M86.069 | M86.071 | M86.072 |
| | | M86.079 | M86.08 | M86.09 | M86.1 |
| | | M86.10 | M86.151 | M86.152 | M86.159 |
| | | M86.161 | M86.162 | M86.169 | M86.171 |
| | | M86.172 | M86.179 | M86.18 | M86.19 |
| | | M86.20 | M86.251 | M86.252 | M86.259 |
| | | M86.261 | M86.262 | M86.269 | M86.271 |
| | | M86.272 | M86.279 | M86.28 | M86.29 |
| | | M86.30 | M86.351 | M86.352 | M86.359 |
| | | M86.361 | M86.362 | M86.369 | M86.371 |
| | | M86.372 | M86.379 | M86.38 | M86.39 |
| | | M86.40 | M86.451 | M86.452 | M86.459 |
| | | M86.461 | M86.462 | M86.469 | M86.471 |
| | | M86.472 | M86.479 | M86.48 | M86.49 |
| | | M86.50 | M86.551 | M86.552 | M86.559 |
| | | M86.561 | M86.562 | M86.571 | M86.572 |
| | | M86.579 | M86.58 | M86.59 | M86.60 |
| | | M86.651 | M86.652 | M86.659 | M86.661 |
| | | M86.662 | M86.669 | M86.671 | M86.672 |
| | | M86.679 | M86.68 | M86.69 | M86.8X0 |
| | | M86.8X5 | M86.8X6 | M86.8X7 | M86.8X8 |
| | | M86.8X9 | M86.9 | I96 | L03.115 |
| | | L03.116 | Q27.30 | Q27.32 | Q27.39 |
| | | Q27.8 | Q27.9 | Q87.2 | S35.511A |
| | | S35.512A | T82.312A | T82.318A | T82.319A |
| | | T82.338A | T82.392A | T82.398A | T82.399A |
| | | T82.898A | I73.00 | I73.01 | I73.1 |
| | | I73.81 | | | |

| | | | | | |
|---|--|-------|-------|-------|-------|
| Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG) | Prior authorization is required for inpatient services. | 95700 | 95711 | 95712 | 95713 |
| | Prior authorization is not required for outpatient hospital or ambulatory surgical center. | 95714 | 95715 | 95716 | 95718 |
| | | 95720 | 95722 | 95724 | 95726 |

| | | |
|---------------------|---|--|
| Chemotherapy | Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis. | Injectable chemotherapy drugs that require prior authorization: |
| | | <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129.</p> |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|---|--|--|
| Circumcision | Routine circumcision is <u>not</u> a covered benefit. Prior authorization required <u>only</u> for cases with documented medical necessity. | 54161 | 54162 | | |
| Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech | For members younger than 21: Prior authorization is required for the codes listed. For members 21 and older: <ul style="list-style-type: none"> • Prior authorization required for supplies, equipment maintenance and repair of component parts • Hardware is <u>not</u> a covered benefit. • Clinical documentation <u>must</u> accompany and establish medical necessity for this service request | 69710 L8619 | 69714 L8690 | 69930 L8691 | L8614 L8692 |
| Continuous glucose monitor | Prior authorization is required with Type 2 diabetes diagnosis. | A4226 A9277 E2103 | A4238 A9278 | A4239 E0787 | A9276 E2102 |
| Cosmetic and reconstructive That change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization is required for the codes listed. Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage. | 11960 14061* 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 | 14020* 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950 | 14021* 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961 | 14041 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966 |
| | | | | | *Will NOT require prior auth when billed with skin cancer diagnoses |
| Dental services | For prior authorization requirements, please call UnitedHealthcare dental at 855-812-9208 . | | | | |
| Diabetic supplies | Diabetic supplies are provided by the local pharmacy. Prior authorization for talking glucometers is available through the medical prior authorization process. | | | To locate contracted health care professionals or vendors, please visit UHCprovider.com/AZcommunityplan > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information. | |
| Durable medical | To request DME items, please call | | | For services not covered by Preferred Homecare, please review | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|---|--|-------|-------|-------|
| equipment (DME) | Preferred Homecare at 800-636-2123 . | UnitedHealthcare Community Plan's Provider Manual for a list of contracted vendors related to DME products at UHCprovider.com/AZcommunityplan > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information. | | | |
| | Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500 | E0194 | E0265 | E0266 | E0270 |
| | These DME items are <u>not</u> covered by Preferred Homecare: | E0300 | E0445 | E0457 | E0465 |
| | • Bone stimulators | E0466 | E0483 | E0486 | E0620 |
| | • Diabetic supplies | E0636 | E0638 | E0641 | E0642 |
| | • Enclosed beds | E0656 | E0669 | E0670 | E0675 |
| | • Insulin pumps | E0693 | E0694 | E0700 | E0710 |
| | • Percussion vests | E0745 | E0766 | E0784 | E0984 |
| | • Specialty beds | E0986 | E1002 | E1003 | E1004 |
| | • Wound vacs | E1005 | E1006 | E1007 | E1008 |
| | Prosthetics are not DME – see orthotics and prosthetics. | E1009 | E1010 | E1030 | E1035 |
| | | E1036 | E1161 | E1229 | E1231 |
| | | E1232 | E1233 | E1234 | E1235 |
| | | E1236 | E1237 | E1238 | E1239 |
| | | E1825 | E2100 | E2227 | E2228 |
| | | E2230 | E2298 | E2301 | E2322 |
| | | E2325 | E2327 | E2329 | E2331 |
| | | E2351 | E2373 | E2510 | E2511 |
| | | E2512 | E2599 | E2626 | E2627 |
| | | E2628 | E2629 | E2630 | E8000 |
| | | E8001 | E8002 | K0005 | K0008 |
| | | K0013 | K0108 | K0800 | K0801 |
| | | K0802 | K0806 | K0807 | K0808 |
| | | K0812 | K0821 | K0822 | K0823 |
| | | K0824 | K0825 | K0826 | K0827 |
| | | K0828 | K0829 | K0830 | K0831 |
| | | K0836 | K0837 | K0838 | K0839 |
| | | K0840 | K0841 | K0842 | K0843 |
| | | K0848 | K0849 | K0850 | K0851 |
| | | K0852 | K0853 | K0854 | K0855 |
| | | K0856 | K0857 | K0858 | K0859 |
| | | K0860 | K0861 | K0862 | K0863 |
| | | K0864 | K0868 | K0869 | K0870 |
| | | K0871 | K0877 | K0878 | K0879 |
| | | K0880 | K0884 | K0885 | K0886 |
| | | K0890 | K0891 | S1040 | |

Enteral services/parenteral/oral
In-home nutritional therapy either enteral or through a gastrostomy

To request services and/or supplies, please call Preferred Homecare at 800-636-2123.

Clinical documentation and oral supplement certificate of medical necessity as applicable must accompany and establish medical necessity for this service request.

For members younger than 21:
For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS

CPT® is a registered trademark of the American Medical Association.
PCA-5-23-01082-Clinical-FLYR_05192023



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|---|--|---|--|--|--|
| tube, total parenteral nutrition (TPN) and/or lipids and oral supplements | | <p>Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10.</p> <p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2.</p> | | | |
|---|--|---|--|--|--|

For members 21 and older:

Please review AMPM Chapter 300, Policy 310-GG at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG.

The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.

| | | | | | |
|---|--|-------|-------|-------|-------|
| Experimental and investigational services (and/or linked services) | Prior authorization is required for all services considered experimental and/or investigational. For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B. | 33477 | 36514 | 64722 | 66180 |
| | | A4638 | A9274 | E1831 | G0276 |
| | | G0293 | G2000 | S9988 | S9990 |
| | | S9991 | S9992 | S9994 | S9996 |

| | | | | | |
|---------------------------|--|--|--|--|--|
| Eye care/optometry | <p>Benefits provided for members younger than 21:</p> <ul style="list-style-type: none"> • One routine eye exam every 12 months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame for up to \$79.99 retail price • One replacement pair of glasses if lost, stolen or damaged • Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision <p>For members 21 and older: Prior authorization is 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 480-961-1702. | | | |
|---------------------------|--|--|--|--|--|

| | | | | | |
|--|---|-------|-------|-------|--|
| Femoroacetabular impingement syndrome (FAI) | Prior authorization is required for the codes listed. | 29914 | 29915 | 29916 | |
|--|---|-------|-------|-------|--|

| | | | | | |
|------------------------------------|---|-------|-------|-------|-------|
| Functional endoscopic sinus | Prior authorization is required for the codes listed. | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|-------|-------|-------|
| surgery (FESS) | | 31276 | 31287 | 31288 | |
| Genetic testing | Prior authorization is required for all services not covered by LabCorp. | 81265 | 81302 | 81321 | 81323 |
| | | 81325 | 81401 | 81403 | 81404 |
| | To determine prior authorization requirements, please call LabCorp at 800-788-9743. | 81405 | 81406 | 81407 | 81408 |
| | | 81415 | 81416 | 81460 | 81479 |
| | | 86353 | 88245 | 88248 | 88249 |
| | | 88261 | 88262 | 88263 | 88264 |
| | | 88267 | 88269 | 88271 | 88272 |
| | | 88273 | 88274 | 88275 | 88280 |
| | | 88283 | 88285 | 88289 | 88291 |
| | | 88299 | | | |
| | | Biomarker Codes | | | |
| | | 81313 | 81327 | 81435 | 81490 |
| Hearing services | For members younger than 21: | 92590 | 92591 | 92592 | 92593 |
| Hearing evaluations and hearing aids | Prior authorization is not required. | 92594 | 92595 | V5010 | V5011 |
| | For members 21 and older: | V5014 | V5030 | V5040 | V5050 |
| | Prior authorization is required. | V5060 | V5095 | V5100 | V5120 |
| | | V5190 | 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 | | |
| Home health care services | Prior authorization is required for the codes listed. | G0299 | G0300 | S9123 | S9124 |
| Hysterectomy | Prior authorization is required for the codes listed. | 58150 | 58152 | 58180 | 58200 |
| | | 58210 | 58240 | 58260 | 58262 |
| | | 58263 | 58267 | 58270 | 58275 |
| | | 58280 | 58285 | 58290 | 58291 |
| | | 58292 | 58294 | 58541 | 58542 |
| | | 58543 | 58544 | 58548 | 58550 |
| | | 58552 | 58553 | 58554 | 58570 |
| | | 58571 | 58572 | 58573 | 58951 |
| | | 58953 | 58954 | 58956 | 59525 |
| Incontinence supplies | Incontinence supplies are a benefit only when provided through Preferred Homecare. | To request incontinence supplies, please call Preferred Homecare at 800-636-2123 . | | | |
| Infusion in-home services | Prior authorization is required for all services not covered by Optum Infusion. | To request services and/or supplies, please call Optum Infusion 888-705-4470. | | | |
| Injectable medications for in-home usage | Prior authorization is required for all medications not covered by Optum Infusion. | To request medications, please call Optum Infusion 888-705-4470. | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------------|---|---|--|--|--|
| Injectable medications | Prior authorization is required for the codes listed. | <p>Actemra J3262</p> <p>Adakveo J0791</p> <p>Aduhelm J0172</p> <p>Adzynma J7171</p> <p>Amondys 45 J1426</p> <p>Amvuttra J0225</p> <p>Apretude J0739</p> <p>Aralast NP, Prolastin-C, Zemaira J0256</p> <p>Avsola Q5121</p> <p>Benlysta J0490</p> <p>Berinert J0597</p> <p>Botulinum toxins J0585 J0586 J0587 J0588</p> <p>Brineura J0567</p> <p>Briumvi J2329</p> <p>Cimerli Q5128</p> <p>Cinqair J2786</p> <p>Cosentyx IV J3247</p> <p>Crysvita J0584</p> <p>Cutaquig J1551</p> <p>Daxxify J0589</p> <p>Elevidys J1413</p> <p>Elfabrio</p> | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|--------------------------------|-----------------|-------|-------|--|--|
| Injectable medications (cont.) | J2508 | | | | |
| | Entyvio | | | | |
| | J3380 | | | | |
| | Enjymo | | | | |
| | J1302 | | | | |
| | Esperoct | | | | |
| | J7204 | | | | |
| | Evenity | | | | |
| | J3111 | | | | |
| | Evkeeza | | | | |
| | J1305 | | | | |
| | Eylea HD | | | | |
| | J0177 | | | | |
| | Fasenra | | | | |
| | J0517 | | | | |
| | Fensolvi | | | | |
| | J1951 | | | | |
| | Feraheme | | | | |
| | Q0138 | | | | |
| | Firmagon | | | | |
| | J9155 | | | | |
| | Fynetra | | | | |
| | Q5130 | | | | |
| | Gamifant | | | | |
| | J9210 | | | | |
| | Givlaari | | | | |
| | J0223 | | | | |
| | Glassia | | | | |
| | J0257 | | | | |
| | Hemgenix | | | | |
| | J1411 | | | | |
| | Ilaris | | | | |
| | J0638 | | | | |
| Ilumya | | | | | |
| J3245 | | | | | |
| Inflectra | | | | | |
| Q5103 | | | | | |
| Injectafer | | | | | |
| J1439 | | | | | |
| IVIG | | | | | |
| J1459 | J1554 | J1555 | J1556 | | |
| J1557 | J1559 | J1561 | J1566 | | |
| J1568 | J1569 | J1572 | J1575 | | |

CPT® is a registered trademark of the American Medical Association.
 PCA-5-23-01082-Clinical-FLYR_05192023



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|--------------------------------|---------------------------|--|
| Injectable medications (cont.) | | J1599 |
| | | Izervay |
| | | J2782 |
| | | Korsuva |
| | | J0879 |
| | | Krystexxa |
| | | J2507 |
| | | Lamzede |
| | | J0217 |
| | | Lanreotide |
| | | J1932 |
| | | Lemtrada |
| | | J0202 |
| | | Leqembi |
| | | J0174 |
| | | Leqvio |
| | | J1306 |
| | | Lupron Depot |
| | | J1950 |
| | | Lupron Depot, Eligard |
| | | J9217 |
| | | Mepsevii |
| | | J3397 |
| | | Monoferric |
| | | J1437 |
| | | Nexviazyme |
| | | J0219 |
| | | Nglazyme |
| | | J1458 |
| | | Nplate |
| | J2796 | |
| | Nucala | |
| | J2182 | |
| | Qalsody | |
| | J1304 | |
| | Ocrevus | |
| | J2350 | |
| | Octreotide Acetate | |
| | J2354 | |
| | Orencia | |
| | J0129 | |
| | OmvoH | |
| | J2267 | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|--------------------------------|------------------------|--|
| Injectable medications (cont.) | | Onpattro J0222 |
| | | Panzyga J1576 |
| | | Parsabiv J0606 |
| | | Pombiliti J1203 |
| | | Prolia J0897 |
| | | Radicava J1301 |
| | | Reblozyl J0896 |
| | | Releuko Q5125 |
| | | Remicade J1745 |
| | | Renflexis Q5104 |
| | | Riabni Q5123 |
| | | Rituxan J9312 |
| | | Rituxan Hycela J9311 |
| | | Roctavian J1412 |
| | | Ruconest J0596 |
| | | Ruxience Q5119 |
| | | Ryplazim J2998 |
| | | Rystiggo J9333 |
| | | Sandostatin® LAR J2353 |
| | | Saphnelo J0491 |
| | | Scenesse J7352 |
| | | Sevenfact |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|--------------------------------|--|-------|-------|-------|-------|
| Injectable medications (cont.) | | J7212 | | | |
| | Signifor® LAR | | | | |
| | | J2502 | | | |
| | Simponi Aria | | | | |
| | | J1602 | | | |
| | Skyrizi | | | | |
| | | J2327 | | | |
| | Sodium Hyaluronate | | | | |
| | | J7320 | J7321 | J7322 | J7324 |
| | | J7325 | J7326 | J7327 | J7329 |
| | | J7331 | J7332 | | |
| | Somatuline Depot | | | | |
| | | J1930 | | | |
| | Spevigo | | | | |
| | | J1747 | | | |
| | Stelara | | | | |
| | | J3358 | | | |
| | Sublocade | | | | |
| | | Q9991 | Q9992 | | |
| | Supprelin LA | | | | |
| | | J9226 | | | |
| | Syfovre | | | | |
| | | J2781 | | | |
| | Synagis | | | | |
| | | 90378 | | | |
| | Tepezza | | | | |
| | | J3241 | | | |
| | Tezspire | | | | |
| | | J2356 | | | |
| | Therapeutic Radiopharmaceuticals* | | | | |
| | A9513 | A9590 | A9606 | A9607 | |
| | A9699 | | | | |
| Tofidence | | | | | |
| | Q5133 | | | | |
| Trelstar | | | | | |
| | J3315 | | | | |
| Triptodur | | | | | |
| | J3316 | | | | |
| Tyenne | | | | | |
| | Q5135 | | | | |
| Tzield | | | | | |
| | J9381 | | | | |
| | Unclassified codes** | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|--------------------------------|---|-------|-------|-------|-------|
| Injectable medications (cont.) | | C9094 | C9149 | C9157 | C9166 |
| | | C9172 | C9399 | J3490 | J3590 |
| | Uplizna | | | | |
| | J1823 | | | | |
| | Intravitreal Vascular Endothelial Growth Factor (VEGF) | | | | |
| | | J0178 | J0179 | J2777 | J2778 |
| | | J2779 | Q5124 | Q5128 | |
| | Veopoz | | | | |
| | J9376 | | | | |
| | Vimizim | | | | |
| | J1322 | | | | |
| | Vyepti | | | | |
| | J3032 | | | | |
| | Vyvgart | | | | |
| | J9332 | | | | |
| | Vyvgart Hytrulo | | | | |
| | J9334 | | | | |
| | Xembify | | | | |
| | J1558 | | | | |
| | Xenpozyme | | | | |
| | J0218 | | | | |
| | Zoladex | | | | |
| | J9202 | | | | |
| | Zymfentra | | | | |
| | J1748 | | | | |

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 and 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/policies > For Community Plans > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

*For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click on Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call **888-397-8129**.

**For unclassified and temporary codes C9094, C9149, C9157, C9166, C9167, C9168, C9172, C9399, J3490 and J3590, prior authorization is only required for Beqvez, Nulibry, Revcovi, Rivfloza, Vabysmo

| | | |
|---|--|--|
| Inpatient admissions- and post-acute | Notification is required for admissions. | Inpatient admissions-post acute services: Prior authorization and notification of admission date required for these facilities: <ul style="list-style-type: none"> Acute care hospitals |
|---|--|--|

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
|---|---|--|-------|-------|-------|-------|
| services | | <ul style="list-style-type: none"> Acute inpatient rehabilitation Long-term acute care hospitals Skilled nursing facilities | | | | |
| Joint replacement Joint, total hip and knee replacement | Prior authorization is required for the codes listed. | 24360 | 24361 | 24362 | 24363 | |
| | | 24370 | 24371 | 27120 | 27125 | |
| | | 27130 | 27132 | 27134 | 27137 | |
| | | 27138 | 27412 | 27446 | 27447 | |
| | | 27486 | 27487 | 29866 | 29867 | |
| | | 29868 | | | | |
| Laboratory services | Prior authorization is required. | Please call LabCorp at 800-788-9743 | | | | |
| Non-emergent air ambulance transport | Prior authorization is required for the codes listed. | A0430 | A0431 | A0435 | A0436 | |
| Orthognathic surgery Treatment of maxillofacial/jaw functional impairment | Prior authorization is required for the codes listed. | 21121 | 21123 | 21125 | 21127 | |
| | | 21141 | 21142 | 21143 | 21145 | |
| | | 21146 | 21147 | 21150 | 21151 | |
| | | 21154 | 21155 | 21159 | 21160 | |
| | | 21188 | 21193 | 21194 | 21195 | |
| | | 21196 | 21198 | 21199 | 21206 | |
| | | 21208 | 21209 | 21210 | 21215 | |
| | | 21240 | 21242 | 21244 | 21245 | |
| | | 21246 | 21247 | 21248 | 21249 | |
| 21255 | 21296 | 21299 | | | | |
| Orthotics and prosthetics | Prior authorization is required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. | L0112 | L0170 | L0456 | L0462 | |
| | | L0464 | L0480 | L0482 | L0484 | |
| | | L0486 | L0624 | L0629 | L0631 | |
| | | L0632 | L0634 | L0636 | L0637 | |
| | | For members younger than 21 with orthotic limitation: | L0638 | L0640 | L0700 | L0710 |
| | | <ul style="list-style-type: none"> Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit | L0810 | L0820 | L0830 | L0859 |
| | | | L0861 | L1000 | L1005 | L1200 |
| | | | L1300 | L1310 | L1499 | L1680 |
| | | | L1685 | L1700 | L1710 | L1720 |
| | | | L1730 | L1755 | L1820 | L1830 |
| | | | L1831 | L1832 | L1834 | L1836 |
| | | | L1840 | L1844 | L1845 | L1846 |
| | | <ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively | L1847 | L1850 | L1860 | L1945 |
| | | | L1950 | L1970 | L2000 | L2005 |
| | | | L2010 | L2020 | L2030 | L2034 |
| | | | L2036 | L2037 | L2038 | L2060 |
| | | For members 21 and older: | L2106 | L2108 | L2126 | L2136 |
| | | <ul style="list-style-type: none"> AHCCCS orthotics coverage applies if: The use of the orthotic is medically necessary as the preferred treatment | L2350 | L2510 | L2526 | L2627 |
| | | | L2628 | L3230 | L3265 | L3649 |
| L3671 | L3674 | | L3720 | L3730 | | |
| L3740 | L3763 | | L3764 | L3900 | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|--|--|-------|-------|-------|
| Orthotics and prosthetics (cont.) | option consistent with Medicare guidelines | L3901 | L3904 | L3905 | L3961 |
| | <ul style="list-style-type: none"> The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition | L3971 | L3975 | L3976 | L3977 |
| | <ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care physician | L3999 | L4000 | L4010 | L4020 |
| | L4350 | L4392 | L4394 | L4631 | |
| | 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 | L5647 | |
| | L5648 | L5649 | L5651 | L5653 | |
| | L5661 | L5673 | L5682 | L5683 | |
| | L5700 | L5702 | L5703 | L5705 | |
| | L5706 | L5716 | L5718 | L5722 | |
| | L5724 | L5726 | L5728 | L5780 | |
| | L5790 | L5795 | L5811 | L5812 | |
| | L5814 | L5816 | L5818 | L5822 | |
| | L5824 | L5826 | L5828 | L5830 | |
| | L5845 | L5848 | L5857 | L5858 | |
| | L5930 | L5950 | L5960 | L5961 | |
| | L5962 | L5964 | L5966 | L5968 | |
| | L5976 | L5979 | L5980 | L5981 | |
| | L5982 | L5984 | L5986 | L5987 | |
| | L5988 | L5990 | L5999 | 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 | L6881 | L6882 | | |
| L6883 | L6884 | L6885 | L6895 | | |
| L6900 | L6905 | L6910 | L6915 | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|--|-------|-------|-------|
| | | 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 |
| | | L8499 | L8609 | L8610 | L8612 |
| | | L8631 | L8659 | | |
| Out-of-network services | Prior authorization is 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 - occupational and physical therapy | <p>For members younger than 21:</p> <p>Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity.</p> <ul style="list-style-type: none"> • Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits <p>For QMB members:</p> <p>Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity.</p> <ul style="list-style-type: none"> • Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits <p>For members 21 and older:</p> <p>Prior authorization is not required for occupational and physical therapy.</p> | 97012 | 97014 | 97016 | 97018 |
| | | 97022 | 97026 | 97028 | 97033 |
| | | 97034 | 97039 | 97110 | 97112 |
| | | 97113 | 97116 | 97124 | 97140 |
| | | 97530 | 97535 | 97799 | G0281 |
| | | G0283 | | | |
| Outpatient therapy – speech therapy | <p>For members younger than 21:</p> <p>Speech therapy services are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity.</p> <ul style="list-style-type: none"> • Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits | 92507 | 92508 | 92526 | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

For members 21 and older:
Outpatient speech therapy is **not** a covered benefit

For QMB members: Speech therapy services are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity.

- Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits

| | | | | | |
|---------------------------------------|----------------------------------|-------|-------|--|--|
| Pain injections and management | Prior authorization is required. | 64490 | 64493 | | |
|---------------------------------------|----------------------------------|-------|-------|--|--|

| | | | | | |
|-----------------------|--|-------|-------|-------|-------|
| Pharmacy drugs | A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunity plan > Pharmacy Resources and Physician Administered Drugs. | 90378 | J0224 | J0717 | J1290 |
| | | J1300 | J1303 | J1427 | J1428 |
| | | J1429 | J1786 | J2326 | J2357 |
| | | J2840 | J3060 | J3385 | J3398 |
| | | J3399 | | | |

Service requests must include “J” Codes and NDC Codes for the medication requested.

The following hemophilia factor/biotech drugs are included on the prior authorization list:

- Aldurazyme®
- Ceprotin®
- Cerezyme®
- Cimzia®
- Cinryze®
- Elaprase®
- Elelyso®
- Fabrazyme®
- Juxtapid®
- Kalydeco®
- Kuvan®
- Kynamro®
- Lumizyme®
- Myozyme®
- Orfadin®
- VPRIV®
- Zolgensma®

For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by one of the following:

Phone: **800-310-6826**
Fax: **866-940-7328**

For specialty pharmacy prior authorization, please fax **866-940-7328**.

Fax forms are available at UHCprovider.com/AZcommunityplan > 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.

| | | | | | |
|--------------------------------------|----------------------------------|-------|-------|--|--|
| Potentially unproven services | Prior authorization is required. | 33289 | C2624 | | |
|--------------------------------------|----------------------------------|-------|-------|--|--|

| | | | | | |
|--|--|-------|-------|-------|-------|
| Pregnancy termination | Prior authorization is required for the codes listed. Prior authorization includes Mifepristone, Mifeprex® or RU-486. | 59840 | 59841 | 59850 | 59851 |
| | | 59852 | 59855 | 59856 | 59857 |
| Clinical documentation and the certificate of medical necessity | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

for pregnancy termination must accompany the prior authorization request form.

For more information, please review AMPM Chapter 400, Section 410 Section E Pregnancy Termination at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination.

The Certificate of Medical Necessity For Pregnancy Termination can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.

| | | | | | |
|-----------------------------|---|-------|-------|--|--|
| Private duty nursing | Prior authorization is required for the codes listed. | T1002 | T1003 | | |
|-----------------------------|---|-------|-------|--|--|

| | | | | | |
|----------------------------|----------------------------------|-------|-------|-------|-------|
| Prostate procedures | Prior authorization is required. | 37243 | 52441 | 52442 | 53850 |
| | | 53852 | 55873 | 55874 | |

| | | | | | |
|---|---|-------|-------|-------|-------|
| Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | Prior authorization is required for the codes listed. | 77520 | 77522 | 77523 | 77525 |
|---|---|-------|-------|-------|-------|

| | | | | | |
|------------------|--|---|--|--|--|
| Radiology | <p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures | <p>Health care professionals 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 tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p> | | | |
|------------------|--|---|--|--|--|

| | | | | | |
|---|---|-------|-------|-------|-------|
| Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization is required for the codes listed. | 30400 | 30410 | 30420 | 30430 |
| | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | | | |

| | | | | | |
|-------------------------|----------------------------------|-------------------------------|--|--|--|
| Shoulder surgery | Prior authorization is required. | Musculoskeletal system | | | |
|-------------------------|----------------------------------|-------------------------------|--|--|--|



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | |
|--------|--------|--------|--------|
| 23470* | 23472* | 23473* | 23474* |
| 29805* | 29806* | 29807* | 29819* |
| 29820* | 29822* | 29823* | 29824* |
| 29825* | 29826* | 29827* | 29828* |

*SOS also applies

| | | | | | |
|-------------------|---|-------|-------|-------|-------|
| Sinuplasty | Prior authorization is required for the codes listed. | 31295 | 31296 | 31297 | 31298 |
|-------------------|---|-------|-------|-------|-------|

Site of service (SOS) – outpatient hospital
 Prior authorization is only required when requesting service in an outpatient hospital setting.

Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).

Auditory system

69205

Cardiovascular system

36590 36832

Carpal tunnel surgery

64721

Cataract surgery

66821 66982 66984

Colonoscopy

45378 45380 45384 45385

Cosmetic and reconstructive

13101 13132 14040 14060

14301 21552 21931

Digestive system

42415 42440 43200 43236

43237 43238 43242 43245

43246 43247 43248 43251

43254 43255 43259 44360

44361 45171 45334 45335

45381 45390 45990 46020

46040 46050 46200 46220

46221 46250 46255 46261

46270 46275 46288 46505

46750 46910 46946

Ear, nose and throat (ENT) procedures

21320 30140 30520 69436

69631

Eye and ocular adnexa

65710 65820 66250 66710

66711 66825 66986 66987

66988 67010 67041 67042

67105 67108 67113 67840

68110 68115 68320 68720

68815

Female genital system

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|------------------------------------|--|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (cont.) | | 57240 | 57250 | 57461 | 57520 |
| | | 58561 | 58562 | | |
| | Gynecologic procedures | | | | |
| | | 57522 | 58353 | 58558 | 58563 |
| | | 58565 | | | |
| | Hemic and lymphatic systems | | | | |
| | | 38500 | 38510 | 38525 | |
| | Hernia repair | | | | |
| | | 49505 | 49650 | 49651 | |
| | Integumentary system | | | | |
| | | 10121 | 11440 | 11450 | 11624 |
| | | 11770 | 13121 | 15100 | 15120 |
| | | 15240 | 19020 | 19120 | 19125 |
| | Liver biopsy | | | | |
| | | 47000 | | | |
| | Male genital system | | | | |
| | | 54840 | | | |
| | Miscellaneous | | | | |
| | | 20680 | | | |
| | Musculoskeletal system | | | | |
| | | 20552 | 20553 | 21012 | 21013 |
| | | 21336 | 21554 | 21555 | 21556 |
| | | 21930 | 22902 | 22903 | 23071 |
| | | 23075 | 24071 | 27327 | 27337 |
| | | 27632 | 28035 | 28039 | 28041 |
| | | 28060 | 28080 | 28090 | 28104 |
| | | 28110 | 28118 | 28119 | 28124 |
| | | 28285 | 28289 | 28292 | 28296 |
| | | 28297 | 28298 | 28299 | 29835 |
| | | 29840 | 29845 | 29846 | 29848 |
| | | 29861 | 29875 | 29876 | 29877 |
| | | 29879 | 29880 | 29881 | 29882 |
| | | 29888 | 29893 | G0260 | |
| | Nervous system | | | | |
| | | 64561 | 64640 | | |
| | Ophthalmologic | | | | |
| | | 65426 | 65730 | 65855 | 66170 |
| | | 66761 | 67028 | 67036 | 67040 |
| | | 67228 | 67311 | 67312 | |
| | Respiratory system | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|--|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (cont.) | | 30802 | 30930 | 31525 | 31535 |
| | | 31536 | 31541 | 31624 | |
| | | Tonsillectomy and adenoidectomy | | | |
| | | 42820 | 42821 | 42825 | 42826 |
| | | 42830 | | | |
| | | Upper gastrointestinal endoscopy | | | |
| | | 43235 | 43239 | 43249 | |
| | | Urinary system | | | |
| | | 52276 | 52287 | 52320 | 52344 |
| | | Urologic procedures | | | |
| | | 50590 | 52000 | 52005 | 52204 |
| | | 52224 | 52234 | 52235 | 52260 |
| | | 52281 | 52310 | 52332 | 52351 |
| | | 52352 | 52353 | 52356 | 55040 |
| | 55700 | 57288 | | | |
| Skilled nursing facility services | Prior authorization is required. | | | | |
| Sleep apnea procedures and Surgeries | Prior authorization is required for the codes listed. | 21685 | 41599 | 42145 | |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | | | | | |
| Specialty / enclosed beds | Prior authorization is required for the codes listed. | E0250 | E0251 | E0255 | E0256 |
| | | E0260 | E0261 | E0280 | E0290 |
| | | E0291 | E0292 | E0293 | E0294 |
| | | E0295 | E0301 | E0303 | E0315 |
| | | E0316 | E0462 | | |
| Spinal surgery | Prior authorization is required for the codes listed. | 22100 | 22101 | 22102 | 22110 |
| | | 22112 | 22114 | 22206 | 22207 |
| | | 22210 | 22212 | 22214 | 22220 |
| | | 22224 | 22510 | 22511 | 22512 |
| | | 22513 | 22515 | 22532 | 22533 |
| | | 22548 | 22551 | 22554 | 22556 |
| | | 22558 | 22590 | 22595 | 22600 |
| | | 22610 | 22612 | 22630 | 22633 |
| | | 22800 | 22802 | 22804 | 22808 |
| | | 22810 | 22812 | 22818 | 22819 |
| | | 22830 | 22849 | 22850 | 22852 |
| | | 22855 | 22856 | 22861 | 22899 |
| | | 63001 | 63003 | 63005 | 63011 |
| | | 63012 | 63015 | 63016 | 63017 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | |
|-------|--------|-------|-------|
| 63020 | 63030 | 63040 | 63042 |
| 63045 | 63046 | 63047 | 63050 |
| 63055 | 63056 | 63064 | 63075 |
| 63077 | 63081 | 63085 | 63087 |
| 63090 | 63101 | 63102 | 63170 |
| 63172 | 63173 | 63185 | 63190 |
| 63191 | 63200 | 63250 | 63251 |
| 63252 | 63265 | 63267 | 63268 |
| 63270 | 63271 | 63272 | 63286 |
| 63300 | 63301 | 63302 | 63303 |
| 63304 | 63305 | 63306 | 63307 |
| 63308 | 22514* | 0098T | |

*SOS also applies

| | | | | | |
|---|---|-------|-------|-------|-------|
| Sterilization | Prior authorization is required for the codes listed. | 52601 | 52630 | 52647 | 52648 |
| | | 52649 | 55250 | 55801 | 55821 |
| | For all members younger than 21: Prior authorization required | 55831 | 58600 | 58605 | 58611 |
| | | 58615 | 58670 | 58671 | 58700 |
| <p>Any member requesting sterilization must sign an appropriate Consent for Sterilization form.</p> <p>For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization.</p> <p>The Consent to Sterilization form can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.</p> | | | | | |

| | | | | | |
|---|----------------------------------|-------------------------------|-------|-------|-------|
| Stimulators Implantation of a device that sends electrical impulses | Prior authorization is required. | Bone growth stimulator | | | |
| | | E0747 | E0748 | E0749 | |
| | | Neurostimulator | | | |
| | | 43648 | 43882 | 61863 | 61864 |
| | | 61867 | 61868 | 61885 | 61886 |
| | | 63650 | 63655 | 63685 | 64553 |
| | | 64555 | 64568 | 64570 | 64590 |
| | | L8680 | L8682 | L8685 | L8686 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|-------------------------|------------------------|--|-------|--|--|
| | | L8687 | L8688 | | |

| | | | | | |
|----------------------------|---|--|--|--|--|
| Transplant services | Prior authorization is required for the codes listed. | For transplant and CAR T-Cell therapy services including Abecma® (idecaptive cicleucel), Breyanzi® (lisocabtagene maralucecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Lyfgenia® (lovotibeglogene autotemcel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card. | | | |
| | Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request. | | | | |

| | | | |
|-------|--------|-------|-------|
| 32850 | 32851 | 32852 | 32853 |
| 32854 | 32855 | 32856 | 33930 |
| 33933 | 33935 | 33940 | 33944 |
| 33945 | 38208 | 38209 | 38210 |
| 38212 | 38213 | 38214 | 38215 |
| 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 |
| 50547 | 38232* | J3394 | |

CAR T-cell therapy:

| | | | |
|-------|-------|-------|-------|
| 0537T | 0538T | 0539T | 0540T |
| J9999 | Q2041 | Q2042 | Q2053 |
| Q2054 | Q2055 | Q2056 | |

*Code 38232 will only require prior authorization for an oncology diagnosis

Temporary and Unclassified:**

| | | | |
|-------|-------|-------|--|
| C9399 | J3490 | J3590 | |
|-------|-------|-------|--|

**Amtagvi, Casgevy, Lantidra, Lenmeldy

| | | | | | |
|-----------------------|---|--|--|--|--|
| Transportation | Transportation Prior authorization is required for non-emergent taxi and stretcher van. | To schedule transportation, please call Medical Transportation Management (MTM) at 888-700-6822. | | | |
|-----------------------|---|--|--|--|--|

| | | | | | |
|---|---|-------|-------|-------|-------|
| Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | Prior authorization is required for the codes listed. | 36473 | 36475 | 36478 | 37700 |
| | | 37718 | 37722 | 37765 | 37766 |
| | | 37780 | | | |

| | | | | | |
|---|---|--|-------|-------|-------|
| Ventricular assist devices (VAD) A mechanical pump that takes | Prior authorization is required for the codes listed. | Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929. | | | |
| | | 33927 | 33928 | 33929 | 33975 |



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|--|--|-------|-------|-------|
| over the function of the damaged ventricle of the heart and restores normal blood flow | Prior authorization is required for the code listed. | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | Q0507 | Q0508 | Q0509 |
| Wound vac | Prior authorization is required for the code listed. | E2402 | | | |

© 2023 United HealthCare Services, Inc