

Prior authorization requirements for developmentally disabled Arizona members

Effective July 1, 2023

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Developmental Disabled Program providing inpatient and outpatient services.

Additional state variations and regulations may apply. To request prior authorization, please submit your request using one of the following:

- **Online:** Use 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 and password.
- **By phone:** Call **866-604-3267**

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 health 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 services, 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: 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: 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>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	<p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none"> Sustained an anaphylactic reaction to an unknown allergen Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <p>Prior authorization is required for allergy testing when it meets the criteria above.</p>				
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>Prior authorization is required for inpatient admissions.</p> <p>Prior authorization is required for outpatient services listed. Second level review required by the division for out-of-state service requests.</p>	<p>The following benefits and/or codes require prior authorization:</p> <ul style="list-style-type: none"> Acute inpatient admission Applied behavior analysis (ABA) Electroconvulsive therapy Home care training client (S5109) Out-of-state placement Psychological testing Behavioral health Residential Facility – level II (Group home H0018) Residential Treatment Center – level 1 Transcranial magnetic stimulation <p>For ABA therapy, submit via fax or Provider Express.</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</p>	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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LabCorp at 800-533-0567 for review and processing.

Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization is required for the codes listed.	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600

Cancer supportive care Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.

Injectable colony-stimulating factor drugs that require prior authorization:

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

Bone-modifying agent that requires prior authorization:

Denosumab (Xgeva®)

J0897

Antiemetic drugs that requires prior authorization:

J1456

For prior authorization, please submit requests online 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Healthcare ID. Or, you can call **888-397-8129**.

Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology 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. 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 . For more details and the CPT codes that require prior authorization, please visit: UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program			
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Cardiovascular	Prior authorization is required.	93580			
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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>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>			
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Circumcision	Routine circumcision is not a covered benefit. Prior authorization is required only for cases with documented medical necessity.	54150	54160	54161	54162
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Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieves conversational speech	For members younger than 21: Prior authorization is required for the codes listed.	69710	69714	69930	L8614
	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 not a covered benefit Clinical documentation must accompany and establish medical necessity for this service request.	L8619	L8690	L8691	L8692

Continuous glucose monitor	Prior authorization is required with Type 2 diabetes diagnosis.	A4226 A9277	A4238 A9278	A4239 E0787	A9276 E2102
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		E2103			
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly Cosmetic and reconstructive (cont.) 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 excluded from AHCCCS coverage.	11960	14020*	14021*	14041
		14061*	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	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		
		*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 . For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D1 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-D1.
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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.
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Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. To request DME items, please call Preferred Homecare at 800-636-2123. These DME items are <u>not</u> covered by Preferred Homecare:	For services not covered by Preferred Homecare, please review the UnitedHealthcare Community Plan of Arizona 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.		
*Requires prior authorization regardless of dollar amount				
	E0194	E0265	E0266	E0270
	E0300	E0445	E0457	E0465
	E0466	E0483	E0486	E0620
	E0636	E0638	E0641	E0642

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
DME (cont.)	• Bone stimulators	E0656	E0669	E0670	E0675
	• Diabetic supplies	E0693	E0694	E0700	E0710
	• Enclosed beds	E0745	E0766	E0784	E0984
	• Insulin pumps	E0986	E1002	E1003	E1004
	• Percussion vests	E1005	E1006	E1007	E1008
	• Specialty beds	E1009	E1010	E1030	E1035
	• Wound vacs	E1036	E1161	E1229	E1231
	Prosthetics are not DME – see orthotics and prosthetics	E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E1825	E2100	E2227	E2228
		E2230	E2300	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 tube, total parenteral nutrition (TPN) and/or lipids and oral supplements

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 AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10.

The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2.

For members 21 and older:

Please review AMPM Chapter 300, Policy 310-GG at

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

Eye care/optometry	Benefits provided for members younger than 21:	For member eye care services, please call Nationwide Vision at 480-961-1702.			
	<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 				
	For members 21 and older:	Prior authorization is required when medically necessary to diagnose or treat diseases and conditions of the eye.			

Femoroacetabular impingement syndrome (FAI)	Prior authorization is required for the codes listed.	29914	29915	29916	
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Functional endoscopic sinus surgery (FESS)	Prior authorization is required for the codes listed.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

Genetic testing	Prior authorization is required for all services not covered by LabCorp.	81265	81302	81321	81323
		81325	81401	81403	81404
		81405	81406	81407	81408
		81415	81416	81417	81460
		81465	81479	86353	88245

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	800-788-9743.	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 aids and services	For members younger than 21:	92590	92591	92592	92593
	Prior authorization is not required.	92594	92595	V5010	V5011
Hearing evaluations and hearing aids	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	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
Hospice	Prior authorization is required for the codes listed.				
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	58293	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 800-985-3059			
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 800-985-3059			
Injectable medications	Prior authorization is required for the codes listed.	Actemra®			
		J3262			
	Do Not Start Case – direct health	Adakveo®			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<p>care professional using the information below:</p> <p>To submit a prior authorization request and for UnitedHealthcare commercial non-PAR health care professionals to submit a pre-determination request, you must log in to UHCprovider.com/priorauth Main Menu and select Submission and Status within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call Optum® Specialty Guidance Program (SGP): 877-881-7618</p>	J0791			
		Aduhelm®			
		J0172			
		Amondys 45™			
		J1426			
		Amvuttra™			
		J0225			
		Apretude™			
		J0739			
		Aralast NP, Prolastin-C, Zemaira			
		J0256			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Berinert			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Cabenuva™			
		J0741			
		Cimerli®			
		Q5128			
		Cinqair®			
		J2786			
		Crysvita®			
		J0584			
		Cutaquig®			
		J1551			
		Enjaymo™			
		J1302			
		Entyvio®			
		J3380			
		Esperoct®			
		J7204			
		Evenity™			
		J3111			
		Evkeeza™			
		J1305			
		Fasenra™			
		J0517			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	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	
	J1599				
	Korsuva®				
J0879					
Krystexxa®					
J2507					
Lanreotide®					
J1932					
Lemtrada®					
J0202					
Leqvio®					
J1306					
Lupron Depot®					
J1950					
Lupron Depot, Eligard®					
J9217					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
Injectable medications (cont.)	Makena®	J1726	J2675
	Mepsevii® J3397	J1729	
	Monoferric® J1437		
	Nexviazyme® J0219		
	Nglazyme® J1458		
	Nplate® J2796		
	Nucala® J2182		
	Ocrevus™ J2350		
	Octreotide Acetate J2354		
	Onpattro™ J0222		
	Orencia® J0129		
	Panzyga® J1576		
	Parsabiv™ J0606		
	Probuphine® J0570		
	Prolia® J0897		
	Radicava® J1301		
	Reblozyl® J0896		
	Releuko® Q5125		
	Remicade® J1745		
	Renflexis® Q5104		
	Riabni™ Q5123		
	Rituxan®		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J9312			
	Rituxan Hycela®				
		J9311			
	Ruconest®				
		J0596			
	Ruxience®				
		Q5119			
	Ryplazim™				
		J2998			
	Sandostatin® LAR				
		J2353			
	Saphnelo®				
		J0491			
	Scenesse®				
		J7352			
	Sevenfact®				
		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				
Spravato™					
	S0013				
Stelara®					
	J3358				
Sublocade™					
	Q9991	Q9992			
Sunlenca®					
	J1961				
Supprelin® LA					
	J9226				
Tepezza®					
	J3241				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)		Tezspire™			
		J2356			
		Therapeutic Radiopharmaceuticals*			
		A9513	A9590	A9606	A9607
		A9699			
		Trelstar®			
		J3315			
		Triptodur®			
		J3316			
		Trogarzo™			
		J1746			
		Tzielid™			
		J9381			
		Unclassified codes**			
		C9094	C9149	J3490	J3590
		Uplizna®			
		J1823			
		Intravitreal Vascular Endothelial Growth Factor (VEGF)			
		J0178	J0179	J2777	J2778
		J2779	Q5124	Q5128	
		Vimizim®			
		J1322			
		Vyepti™			
		J3032			
		Vyvgart™			
	J9332				
	Xembify®				
	J1558				
	Xenpozyme®				
	J0218				
	Zoladex®				
	J9202				

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 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-

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		8129. **For unclassified and temporary codes C9151, C399, J3490 and J3590, prior authorization is only required for Leqembi, Nulibry, Purified Cortrophin Gel™, Revcovi, Ryplazim, Syfovre, Vabysmo™			
Inpatient admission and post-acute services	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 • Acute inpatient rehabilitation • Long-term acute care hospitals • Skilled nursing facilities 			
Joint replacement Joint, total hip and knee replacement procedures	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.	To determine prior authorization requirements, 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 orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500. For members younger than 21 with orthotic limitation: <ul style="list-style-type: none"> • Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit • The component will be replaced if, at the time authorization is requested, documentation is provided to 	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		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
		L1847	L1850	L1860	L1945
		L1950	L1970	L2000	L2005

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	establish the component isn't operating effectively	L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
	For members 21 and older:	L2106	L2108	L2126	L2136
	AHCCCS orthotics coverage	L2350	L2510	L2526	L2627
	applies if:	L2628	L3230	L3265	L3649
	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines 	L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
	<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 	L3999	L4000	L4010	L4020
		L4350	L4392	L4394	L4631
		L5010	L5020	L5050	L5060
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider 	L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
	For members 21 and older with orthotic limitation:	L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
	<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 	L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
	The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
		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 Prior authorization is required for all out-of-network services.

Out-of-state services Benefit only approved when service is emergent or unavailable in Arizona.

Outpatient therapy	For members younger than 21:	92507	92508	92521	92522	
	Prior authorization is required for the codes listed.	92523	92524	92526	97012	
		97014	97016	97018	97022	
		97026	97028	97033	97034	
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.	97039	97110	97112	97113	
		97116	97124	97140	97161	
		97162	97163	97164	97165	
	For members 21 and older:	97166	97167	97168	97799	
	Prior authorization is not required.					
	Outpatient speech therapy is <u>not</u> a covered benefit.					
	Occupational and physical therapy is covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:					
	<ul style="list-style-type: none"> • <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 • <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual 					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Outpatient therapy (cont.)	acquire a new skill or level of function, and then maintain it For Qualified Medicare Beneficiaries (QMB): Covered for unlimited visits when medically necessary				
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 & Physician Administered Drugs > Pharmacy Prior Authorization 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: <ul style="list-style-type: none"> • Acthar® gel • Aldurazyme® • Ceprotin® • Cerezyme® • Cimzia® • Cinryze® • Elaprase® • Exondys 51™ • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • Soliris® • Spinraza™ • Synagis® • VPRIV® • Xolair® • Zolgensma® 	90378 J1290 J1428 J2357 J3398	J0224 J1300 J1429 J2840 J3399	J0717 J1303 J1786 J3060	J0800 J1427 J2326 J3385
				For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by: 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. Clinical documentation and the certificate of medical necessity for pregnancy termination must	59840 59852	59841 59855	59850 59856	59851 59857

Procedures and services

Additional information

CPT® or HCPCS codes and/or how to obtain prior authorization

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 53852	52441 55866	52442 55873	53850 55874
Proton beam therapy	Prior authorization is required for the codes listed.	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
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>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 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 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/AZcommunityplan > Radiology Prior Authorization and Notification Program.</p>			
Rhinoplasty and septoplasty	Prior authorization is required for the codes listed.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Treatment of nasal functional impairment and septal deviation					
Shoulder surgery	Prior authorization is required for the codes listed.	29805	29806	29807	29819

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		29820	29822	29823	29824
		29825	29826	29827	29828
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 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 57240 57250 57461 57520 58561 58562			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Site of service (SOS) – outpatient hospital (cont.)		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hemic and lymphatic systems			
		38500	38510	38525	
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		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	23470	23472	23474
		23743	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 and custodial nursing facility services	Prior authorization is required.				
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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	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22590	22595
		22600	22610	22612	22630
		22633	22800	22802	22804

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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		22808	22810	22812	22818
		22819	22830	22849	22850
		22852	22855	22856	22861
		22864	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63185	63190	63191
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		0095T	0098T	0164T	

*SOS applies

Sterilization	Prior authorization is required.	52601	52630	52647	52648
	Any member requesting sterilization must sign an appropriate consent for sterilization form.	52649	55250	55801	55821
		55831	58600	58605	58611
		58615	58670	58671	58700
		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. 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.			

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			
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		L8687	L8688			
Transplant services	<p>Prior authorization is required for the codes listed.</p> <p>Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.</p>	For transplant and CAR T-Cell therapy services including Abecma® (idecabtagene cicleucel), Breyanzi® (lisocabtagene maraluecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), 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.				
		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	50547			
			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.			
	Gene therapy					
	C9399	J3490	J3590			

Transportation	Prior authorization is required for non-emergent taxi and stretcher van.	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at 888-700-6822.			
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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.	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		

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