

Prior Authorization Requirements for Arizona Complete Care Medicaid

Effective December 1, 2022

General Information

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This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Arizona Complete Care Medicaid (ACC) Program for inpatient and outpatient services.

Additional state variations and regulations may apply. Please check the latest COVID-19 guidance, requirements and coverage mandate from your state. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://uhcprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** 866-604-3267

Important Information

- To be eligible for prior authorization, services must be covered benefits as outlined and defined by the Arizona Health Care Cost Containment System (AHCCCS).
- Services provided by non-network health and out-of-state care providers require prior authorization and documentation supporting the out-of-network request.
- Experimental and investigational services are not covered benefits.
- All rendering providers, facilities and vendors must be actively registered with AHCCCS.
- Services delivered inside the Multi-Specialty Interdisciplinary Clinics (MSIC) to CRS designated /CRS formerly designated members do not require prior authorization
- Only one care provider may request services on a prior authorization request form.
- Only medically necessary, cost effective, and federally- and state-reimbursable services are covered services, as outlined by AHCCCS.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Allergy immunotherapy	<p><u>For members younger than 21:</u></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><u>For members ages 21 and older:</u></p> <p>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT)</p>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Allergy immunotherapy (continued)	<p>or another route of administration, is not a covered benefit.</p> <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. <p>Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <u>Prior authorization is required for allergy testing when it meets the criteria above</u></p>				
Bariatric surgery	Prior authorization required for the codes listed	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	<p><u>For members with serious mental illness (SMI):</u></p> <p>Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program. For assistance call 800-348-4058.</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) • Psychological testing • Out-of-state placement • Residential behavioral health facility Level II (Group home H0018) • Residential treatment center – Level 1 <p>For ABA Therapy, submit via fax or Provider Express.</p>			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975	20979	E0760	
BRCA genetic testing	<p>Prior authorization 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 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive services	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Filgrastim (Neupogen®)			
		J1442			
		Filgrastim-aafi (Nivestym™)			
		Q5110			
		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			
		Filgrastim-ayow, biosimilar (Releuko®)			
		Q5125			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		Denosumab (Xgeva®)			
		J0897			
		<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 Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129.</p>			

Cardiovascular	Prior authorization 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiovascular (cont.)		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 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 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 Healthcare Common Procedure Coding System (HCPCS) code <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 Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129.</p>			
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Chiropractic care	<p><u>For members younger than 21:</u></p> <p>Prior authorization not required</p> <p><u>For members ages 21 and older:</u></p> <p>Chiropractic care is <u>not</u> a covered benefit.</p>
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Circumcision	Routine circumcision is not a covered benefit. Prior authorization required <u>only</u> for cases with documented medical necessity.	54161	54162		
Cochlear and other auditory implants	For members younger than 21: Prior authorization required for the codes listed For members ages 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
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 A9278	A4239 E0787	A9276 K0554	A9277
Cosmetic and reconstructive	Prior authorization required for the codes listed	11960 14061	14020 15823	14021 15830	14041 15847
That change or improve physical appearance without significantly improving or restoring physiological function	Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.	17106 21137 21175 21182 21235 21282	17107 21138 21179 21183 21256 21295	17108 21139 21180 21184 21275 21740	17999 21172 21181 21230 21280 21742
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21743 67901 67906 67912 67917 67924	28344 67902 67908 67914 67921 67950	30620 67903 67909 67915 67922 67961	67900 67904 67911 67916 67923 67966
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 available through the medical prior authorization process			To locate contracted care providers or vendors, please visit UHCprovider.com/AZcommunityplan > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans	
Durable medical equipment (DME)	To request DME items, please call Preferred Homecare at 800-636-2123 .			For services not covered by Preferred Homecare, please review UnitedHealthcare Community Plan's Provider Manual for a list of contracted vendors related to DME products at UHCprovider.com/AZcommunityplan > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental &	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Prior authorization required for the Vision plans. codes listed with a retail purchase Information. or a cumulative rental cost of more than \$500

These DME items are not covered by Preferred Homecare:

- Bone stimulators
- Diabetic supplies
- Enclosed beds
- Insulin pumps
- Percussion vests
- Specialty beds
- Wound vacs

Prosthetics are not DME – see *Orthotics and prosthetics*.

E0194	E0265	E0266	E0270
E0300	E0445	E0457	E0465
E0466	E0483	E0486	E0620
E0636	E0638	E0641	E0642
E0656	E0669	E0670	E0675
E0693	E0694	E0700	E0710
E0745	E0766	E0784	E0984
E0986	E1002	E1003	E1004
E1005	E1006	E1007	E1008
E1009	E1010	E1030	E1035
E1036	E1161	E1229	E1231
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
To request services and/or supplies, please call Preferred Homecare at **800-636-2123**.

In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements

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 Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10.**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		<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> <p>For members ages 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.</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 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.</p>			
Experimental and investigational services (and/or linked services)	<p>Prior authorization required for all services considered experimental and/or investigational</p> <p>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.</p>	<p>33477 A4638</p>	<p>36514 A9274</p>	<p>64722 E1831</p>	<p>66180</p>
Eye care/optometry	<p><u>Benefits provided for members younger than 21:</u></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><u>For members ages 21 and older:</u> Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye</p>	<p>For member eye care services, please call Nationwide Vision at 800-481-2779.</p>			
Femoroacetabular impingement syndrome (FAI)	<p>Prior authorization required for the codes listed</p>	<p>29914</p>	<p>29915</p>	<p>29916</p>	
Functional	<p>Prior authorization required for the</p>	<p>31240</p>	<p>31253</p>	<p>31254</p>	<p>31255</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
endoscopic sinus surgery (FESS)	codes listed	31256 31276	31257 31287	31259 31288	31267
Genetic testing	Prior authorization required for all services not covered by LabCorp	81265 81325	81302 81401	81321 81403	81323 81404
	To determine prior authorization requirements, please call LabCorp at 800-788-9743 .	81405 81415 86353 88261 88267 88273 88283 88299	81406 81416 88245 88262 88269 88274 88285	81407 81460 88248 88263 88271 88275 88289	81408 81479 88249 88264 88272 88280 88291
Hearing services	For members younger than 21:	92590	92591	92592	92593
Hearing evaluations and hearing aids	Prior authorization not required	92594	92595	V5010	V5011
	For members ages 21 and older:	V5014	V5030	V5040	V5050
	Prior authorization 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 required for the codes listed	G0299	G0300	S9123	S9124
Hysterectomy	Prior authorization required for the codes listed	58150 58210 58263 58280 58292 58543 58552 58571 58953	58152 58240 58267 58285 58294 58544 58553 58572 58954	58180 58260 58270 58290 58541 58548 58554 58573 58956	58200 58262 58275 58291 58542 58550 58570 58951 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 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 required for all medications not covered by Optum Infusion	To request medications, please call Optum Infusion 888-705-4470			
Injectable medications	Prior authorization required for the codes listed	Actemra® J3262			
	Do Not Start Case – Direct	Adakveo®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<p>Provider using the information below:</p> <p>To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCProvider.com and follow this pathway:</p> <p>Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129</p>	J0791	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	
			Cinqair®	J2786	
			Crysvita®	J0584	
			Cutaquig®	J1551	
			Entyvio®	J3380	
			Enjaymo™	J1302	
			Esperoct®*	J7204	
			Evenity™	J3111	
			Evkeeza™	J1305	
			Fasenra™	J0517	
			Fensolvi®	J1951	
			Feraheme®	Q0138	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Firmagon®				
	J9155				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	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				
	Lemtrada®				
	J0202				
	Leqvio®				
	J1306				
	Lupron Depot®				
	J1950				
	Lupron Depot, Eligard®				
	J9217				
	Makena®				
	J1726	J1729	J2675		
	Mepsevii®				
	J3397				
	Monoferric®				
J1437					
Nexviazyme®					
J0219					
Nglazyme®					
J1458					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)	Nplate®	J2796
	Nucala®	J2182
	Ocrevus™	J2350
	Octreotide Acetate	J2354
	Orencia®	J0129
	Onpattro™	J0222
	Parsabiv™	J0606
	Probuphine®	J0570
	Prolia®****	J0897
	Radicava®	J1301
	Reblozyl®	J0896
	Releuko®	Q5125
	Remicade®	J1745
	Renflexis®	Q5104
	Riabni™	Q5123
	Rituxan®	J9312
	Rituxan Hycela®	J9311
	Ruconest®	J0596
	Ruxience®	Q5119
	Ryplazim™	J2998
	Sandostatin® LAR	J2353
	Saphnelo®	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	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				
	Spravato™				
	S0013				
	Stelara®				
	J3358				
	Sublocade™				
	Q9991	Q9992			
	Supprelin® LA				
	J9226				
	Tepezza®				
	J3241				
	Tezspire™				
	J2356				
	Therapeutic Radiopharmaceuticals***				
	A9513	A9590	A9606	A9607	
	A9699				
	Trelstar®				
J3315					
Triptodur®					
J3316					
Trogarzo™					
J1746					
Unclassified codes**					
C9094	C9399	J3490	J3590		
Uplizna®					
J1823					
Vimizim®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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J1322
Vyepti™
J3032
Vyvgart™
J9332
Xembify®
J1558
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 & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

**** For unclassified and temporary codes C9094, C9399, J3490 and J3590, prior authorization is only required for Fylnetra®****, Nulibry, Purified Cortropin Gel™, Revcovi, Spevigo****, Vabysmo, Xenopzyme**

*****For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129.**

****** Prolia® effective 1/1/23. Prior Auth thru Optum SGP**

*******Amvuttra™, Skyrizi®, Spevigo® effective 1/1/23**

Inpatient admissions-and post acute services:	Notification 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	Prior authorization 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 required	Please call LabCorp at 800-788-9743			
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Non-emergent air ambulance transport	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
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Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required for the codes listed	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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 required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500

For members younger than 21 with orthotic limitation:

- 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 establish that the component is not operating effectively.

For members ages 21 and older:

- AHCCCS orthotics coverage applies if: The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.
- The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.
- The orthotic is ordered by a physician or primary care provider.

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
L2010	L2020	L2030	L2034
L2036	L2037	L2038	L2060
L2106	L2108	L2126	L2136
L2350	L2510	L2526	L2627
L2628	L3230	L3265	L3649
L3671	L3674	L3720	L3730
L3740	L3763	L3764	L3900
L3901	L3904	L3905	L3961
L3971	L3975	L3976	L3977
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

Procedures and Services	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	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
	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 required for all out-of- network services

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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><u>For members younger than 21:</u></p> <p>Prior authorization required after the 12th visit</p> <p>Occupational and physical therapy are covered in an inpatient or outpatient setting. No benefit limits apply.</p> <p><u>For members ages 21 and older:</u></p> <p>Prior authorization not required</p> <p>Occupational and physical therapy are covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:</p> <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 acquire a new skill or level of function, and then maintain it. <p><u>For QMB members:</u></p> <p>Covered for unlimited visits when medically necessary</p>				
Outpatient therapy - Speech therapy	<p>Prior authorization required after the evaluation and before the first visit.</p> <p>Speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.</p> <p><u>For members ages 21 and older:</u></p> <p>Prior authorization not required</p> <p>Outpatient speech therapy is not a covered benefit.</p> <p><u>For QMB members:</u></p> <p>Covered for unlimited visits when medically necessary</p>	92507	92508	92526	
Pain injections and management	Prior authorization required	64490	64493		
Pharmacy drugs	<p>A list of medications requiring prior authorization is available at <u>UHCprovider.com/AZcommunity plan</u> > Pharmacy Resources and Physician Administered Drugs</p> <p>Service requests <u>must</u> include</p>	<p>90378</p> <p>J1290</p> <p>J1428</p> <p>J2357</p> <p>J3398</p>	<p>J0224</p> <p>J1300</p> <p>J1429</p> <p>J2840</p> <p>J3399</p>	<p>J0717</p> <p>J1303</p> <p>J1786</p> <p>J3060</p>	<p>J0800</p> <p>J1427</p> <p>J2326</p> <p>J3385</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<p>“J” Codes and NDC Codes for the medication requested.</p> <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> • Acthar® gel • Aldurazyme® • Ceprotin® • Cerezyme® • Cimzia® • Cinryze® • Elaprase® • Eleyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • VPRIV® • Zolgensma® 	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: 800-310-6826 Fax: 866-940-7328</p> <p>For specialty pharmacy prior authorization, please fax 866-940-7328.</p> <p>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.</p>			
<p>Pregnancy termination</p>	<p>Prior authorization required for the codes listed</p> <p>Prior authorization includes Mifepristone, Mifeprex® or RU-486</p> <p>Clinical documentation and the Certificate of Medical Necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.</p> <p>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.</p> <p>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.</p>	<p>59840</p> <p>59852</p>	<p>59841</p> <p>59855</p>	<p>59850</p> <p>59856</p>	<p>59851</p> <p>59857</p>
<p>Private duty nursing</p>	<p>Prior authorization required for the codes listed</p>	<p>T1002</p>	<p>T1003</p>		
<p>Prostate procedures</p>	<p>Prior authorization required</p>	<p>37243</p>	<p>52441</p>	<p>52442</p>	<p>53850</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		53852	55866	55873	55874
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required for the codes listed	77520	77522	77523	77525
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> 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 UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification 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 required for the codes listed	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Shoulder surgery	Prior authorization required	Musculoskeletal System			
		23470	23472	23473	23474
		29806	29807	29819	29822
		29823	29824	29825	29826
		29827	29828		
Sinuplasty	Prior authorization required for the codes listed	31295	31296	31297	31298
Site of service (SOS)	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p>	<p>Auditory System</p> <p>69205</p> <p>Cardiovascular System</p> <p>36590 36832</p> <p>Carpal Tunnel Surgery</p> <p>64721</p> <p>Cataract Surgery</p> <p>66821 66982 66984</p> <p>Colonoscopy</p> <p>45378 45380 45384 45385</p> <p>Cosmetic & Reconstructive</p> <p>13101 13132 14040 14060</p> <p>14301 21552 21931</p> <p>Digestive System</p> <p>42415 42440 43200 43236</p>			

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 (continued)		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		

Gynecologic Procedures

	57522	58353	58558	58563
	58565			

Hemic and Lymphatic Systems

	38500	38510	38525	
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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			
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Male Genital System

	54840			
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Miscellaneous

	20680			
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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 (continued)		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			
			30802	30930	31525	31535
			31536	31541	31624	
			Tonsillectomy & 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 required				
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Sleep apnea procedures and Surgeries	Prior authorization required for the codes listed	21685	41599	42145	
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Maxillomandibular

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea

Specialty/enclosed beds	Prior authorization 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 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
		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 also applies

Sterilization	Prior authorization required for the codes listed	52601	52630	52647	52648	
		52649	55250	55801	55821	
		<u>For all members younger than 21:</u>	55831	58600	58605	58611
		Prior authorization required	58615	58670	58671	58700

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Any member requesting sterilization must sign an appropriate Consent for Sterilization form.

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 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	
L8687	L8688			

Transplant services

Prior authorization required for the codes listed

Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request.

For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at **888-936-7246** 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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplant services (continued)		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547		
		CAR T-Cell therapy:			
		C9098	0537T	0538T	0539T
		0540T	J9999	Q2041	Q2042
		Q2053	Q2054	Q2055	
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		Gene therapy**:			
		C9399	J3490	J3590	
	**Skysona and Zynteglo effective 1/1/23				
Transportation	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) 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 required for the codes listed	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required for the codes listed	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required for the code listed	E2402			