

Prior Authorization Requirements for Arizona Complete Care Medicaid

Effective March 1, 2023

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>				
Augmentative and Alternative Communication	Prior authorization required for the codes listed	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
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	Prior authorization required for the codes listed	20975	20979	E0760	
Electronic stimulation or ultrasound to heal fractures					
BRCA genetic testing	Prior authorization required for the codes listed	81162 81166	81163 81212 81432	81164 81215 81433	81165 81216
	Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.	81217			
Breast reconstruction	Prior authorization required for the codes listed	11971	19316	19318	19325

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
(non-mastectomy) Reconstruction of the breast other than following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600

Cancer supportive services Prior authorization required for colony- stimulating factor drugs and bone- modifying agent 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-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

Bone-modifying agent that requires prior authorization:

Denosumab (Xgeva®)

J0897

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.

Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	
		E08.52	E09.52	E10.52	E11.52

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Cardiovascular (continued)	E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231
		I70.233	I70.234	I70.235
		I70.239	I70.241	I70.242
		I70.244	I70.245	I70.248
		I70.25	I70.261	I70.262
		I70.268	I70.269	I70.321
		I70.323	I70.329	I70.331
		I70.333	I70.334	I70.335
		I70.339	I70.341	I70.342
		I70.344	I70.345	I70.348
		I70.35	I70.361	I70.362
		I70.369	I70.421	I70.422
		I70.428	I70.429	I70.431
		I70.433	I70.434	I70.435
		I70.439	I70.441	I70.442
		I70.444	I70.445	I70.448
		I70.461	I70.462	I70.463
		I70.469	I70.521	I70.522
		I70.528	I70.529	I70.531
		I70.533	I70.534	I70.535
		I70.539	I70.541	I70.542
		I70.544	I70.545	I70.548
		I70.561	I70.562	I70.563
		I70.569	I70.621	I70.622
		I70.628	I70.629	I70.631
		I70.633	I70.634	I70.635
		I70.639	I70.641	I70.642
		I70.644	I70.645	I70.648
		I70.661	I70.662	I70.663
		I70.669	I70.721	I70.722
		I70.728	I70.729	I70.731
		I70.733	I70.734	I70.735
		I70.739	I70.741	I70.742
		I70.744	I70.745	I70.748
		I70.761	I70.762	I70.763
		I70.769	I72.3	I72.4
		I72.9	I77.2	I77.70
		I77.77	I77.79	I74.3
		I74.5	I74.8	I74.9
		I75.022	I75.023	I75.029
		T82.818A	T82.868A	S81.801A
		S81.809A	S91.301A	S91.302A
		M86.051	M86.052	M86.059
		M86.062	M86.069	M86.071
		M86.079	M86.08	M86.09
				M86.1

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		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 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>			
Circumcision	Routine circumcision is <u>not</u> a covered benefit.	54161	54162		
	Prior authorization required <u>only</u>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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for cases with documented medical necessity.

Cochlear and other auditory implants	For members younger than 21:	69710	69714	69930	L8614
	Prior authorization required for the codes listed	L8619	L8690	L8691	L8692
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	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. 				

Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			

Cosmetic and reconstructive	Prior authorization required for the codes listed	11960	14020	14021	14041
		14061	15823	15830	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	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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966

Dental services	For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208 .
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Diabetic supplies	Diabetic supplies are provided by the local pharmacy.	To locate contracted care providers or vendors, please visit UHCprovider.com/AZcommunityplan > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans
	Prior authorization for talking glucometers available through the medical prior authorization process	

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 & Vision plans.
	Prior authorization required for the codes listed with a retail purchase	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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or a cumulative rental cost of more than \$500	E0194	E0265	E0266	E0270
	E0300	E0445	E0457	E0465
These DME items are <u>not</u> covered by Preferred Homecare:	E0466	E0483	E0486	E0620
	E0636	E0638	E0641	E0642
• 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 <i>Orthotics and prosthetics.</i>	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.

The Certificate of Medical Necessity for Commercial Oral

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		<p>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>	33477 A4638	36514 A9274	64722 E1831	66180
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)	Prior authorization required for the codes listed	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization 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			
		31276	31287	31288	
Genetic testing	Prior authorization 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			
Hearing services Hearing evaluations and hearing aids	For members younger than 21: Prior authorization not required	92590	92591	92592	92593
		92594	92595	V5010	V5011
	For members ages 21 and older: Prior authorization required	V5014	V5030	V5040	V5050
		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	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 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 Provider using the information	Adakveo®			
		J0791			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<p>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>	<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>Beriner J0597</p> <p>Botulinum toxins J0585</p> <p>Brineura™ J0567</p> <p>Cabenuva™ J0741</p> <p>Cinqair® J2786</p> <p>Crysvita® J0584</p> <p>Cutaquig® J1551</p> <p>Entyvio® J3380</p> <p>Enjaymo™ J1302</p> <p>Esperoct® J7204</p> <p>Evenity™ J3111</p> <p>Evkeeza™ J1305</p> <p>Fasenra™ J0517</p> <p>Fensolvi® J1951</p> <p>Feraheme® Q0138</p> <p>Firmagon®</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	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				
	Lanreotide®*				
	J1932				
	Lemtrada®				
	J0202				
	Leqvio®				
	J1306				
	Lupron Depot®				
	J1950				
	Lupron Depot, Eligard®				
	J9217				
	Makena®				
	J1726	J1729	J2675		
	Mepsevii®				
	J3397				
	Monoferric®				
	J1437				
Nexviazyme®					
J0219					
Nglazyme®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J1458 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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		Vimizim®				
		J1322				
		Vyepti™				
		J3032				
		Vyvgart™				
		J9332				
		Xembify®				
		J1558				
		Zoladex®				
		J9202				
<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><i>*Lanreotide eff 4/1/2023</i></p> <p><i>** For unclassified and temporary codes C9094, C9399, J3490 and J3590, prior authorization is only required for Fynetra®, Nulibry, Purified Cortropin Gel™, Revcovi, Spevigo, Vabysmo, Xenpozyme</i></p> <p><i>***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.</i></p>						

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	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			
functional impairment		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	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
	<u>For members younger than 21 with orthotic limitation:</u>	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
	<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. 	L1831	L1832	L1834	L1836
		L1840	L1844	L1845	L1846
		L1847	L1850	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
	<u>For members ages 21 and older:</u>	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 option consistent with Medicare guidelines. 	L2350	L2510	L2526	L2627
		L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
	<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. 	L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 	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	Additional Information	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				
Out-of-state services	Benefit only approved when service is emergent or unavailable in the state of Arizona				
Outpatient therapy - Occupational and physical therapy	<u>For members younger than 21:</u>	97012	97014	97016	97018
Occupational and physical	97022	97026	97028	97033	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<p>therapy are covered when medically necessary. No annual benefit limits apply, however, requests will be reviewed for medical necessity.</p>	<p>97034 97113 97530 G0283</p>	<p>97039 97116 97535</p>	<p>97110 97124 97799</p>	<p>97112 97140 G0281</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><u>For QMB members:</u> 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><u>For members ages 21 and older:</u> Prior authorization is not required for occupational and physical therapy</p>				
<p>Outpatient therapy – Speech therapy</p>	<p><u>For members younger than 21:</u> 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 <p><u>For members ages 21 and older:</u> Outpatient speech therapy is not a covered benefit</p> <p><u>For QMB members:</u> 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 	<p>92507</p>	<p>92508</p>	<p>92526</p>	
<p>Pain injections and management</p>	<p>Prior authorization required</p>	<p>64490</p>	<p>64493</p>		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pharmacy drugs	<p>A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs</p> <p>Service requests must include “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>90378 J1290 J1428 J2357 J3398</p>	<p>J0224 J1300 J1429 J2840 J3399</p>	<p>J0717 J1303 J1786 J3060</p>	<p>J0800 J1427 J2326 J3385</p>
	<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 Forms For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.</p>				
Pregnancy termination	<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 must 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</p>	<p>59840 59852</p>	<p>59841 59855</p>	<p>59850 59856</p>	<p>59851 59857</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Policy for Maternal and Child Health > Attachment C.

Private duty nursing	Prior authorization required for the codes listed	T1002	T1003		
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Prostate procedures	Prior authorization required	37243	52441	52442	53850
		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
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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>			
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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
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Site of service (SOS)	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
		69205			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Cardiovascular System			
		36590	36832		
		Carpal Tunnel Surgery			
		64721			
		Cataract Surgery			
	66821	66982	66984		
	Colonoscopy				
	45378	45380	45384	45385	



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)	Cosmetic & 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			
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				

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)	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				
	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			



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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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*SOS also applies

Sterilization	Prior authorization required for the codes listed	52601	52630	52647	52648
		52649	55250	55801	55821
	For all members younger than 21:	55831	58600	58605	58611
	Prior authorization required	58615	58670	58671	58700
	<p>Any member requesting sterilization <u>must</u> 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 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	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.			
	Clinical documentation to support the need for transplants <u>must</u> 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

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