

# Prior Authorization Requirements for Arizona Complete Care Medicaid

Effective May 1, 2023

## General Information

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><b><u>For members younger than 21:</u></b></p> <p>Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p><b><u>For members ages 21 and older:</u></b></p> <p>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration,</p>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Allergy immunotherapy (continued)</b>	<p>is <b>not</b> 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"> <li>Sustained an anaphylactic reaction to an unknown allergen</li> <li>Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <b><u>Prior authorization is required for allergy testing when it meets the criteria above</u></b></li> </ul>				
<b>Augmentative and Alternative Communication</b>	Prior authorization required for the codes listed	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
<b>Bariatric surgery</b>	Prior authorization required for the codes listed	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health</b>	<p><b><u>For members with serious mental illness (SMI):</u></b></p> <p>Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program. For assistance call <b>800-348-4058</b>.</p>	<p>The following benefits and/or codes require prior authorization:</p> <ul style="list-style-type: none"> <li>Acute inpatient admission</li> <li>Applied behavior Analysis (ABA)</li> <li>Electroconvulsive therapy</li> <li>Home care training client (S5109)</li> <li>Psychological testing</li> <li>Out-of-state placement</li> <li>Residential behavioral health facility Level II (Group home H0018)</li> <li>Residential treatment center – Level 1</li> </ul> <p>For ABA Therapy, submit via fax or Provider Express.</p>			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975	20979	E0760	
<b>BRCA genetic testing</b>	<p>Prior authorization required for the codes listed</p> <p>Please direct all lab requests to LabCorp at <b>800-533-0567</b> for review and processing.</p>	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required for the codes listed	11971 19328	19316 19330	19318 19340	19325 19342

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Reconstruction of the breast other than following mastectomy		19350 19367 19371	19357 19368 19380	19361 19369 19396	19364 19370 L8600
<b>Cancer supportive services</b>	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
		<b>Filgrastim (Neupogen®)</b>			
		J1442			
		<b>Filgrastim-aafi (Nivestym™)</b>			
		Q5110			
		<b>Filgrastim-sndz (Zarxio®)</b>			
		Q5101			
		<b>Pegfilgrastim (Neulasta®)</b>			
		J2506			
		<b>Pegfilgrastim-apgf, biosimilar (Nyvepria®)</b>			
		Q5122			
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>			
		Q5120			
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b>			
		Q5111			
		<b>Pegfilgrastim-jmdb (Fulphila™)</b>			
		Q5108			
		<b>Sargramostim (Leukine®)</b>			
		J2820			
		<b>Tbo-filgrastim (Granix®)</b>			
		J1447			
		<b>Trilaciclib (Cosela®)</b>			
		J1448			
		<b>Filgrastim-ayow, biosimilar (Releuko®)</b>			
		Q5125			
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>			
		<b>Denosumab (Xgeva®)</b>			
		J0897			
		<b>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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.</b>			
<b>Cardiovascular</b>	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)	I70.228	I70.229	I70.231	I70.232	
	I70.233	I70.234	I70.235	I70.238	
	I70.239	I70.241	I70.242	I70.243	
	I70.244	I70.245	I70.248	I70.249	
	I70.25	I70.261	I70.262	I70.263	
	I70.268	I70.269	I70.321	I70.322	
	I70.323	I70.329	I70.331	I70.332	
	I70.333	I70.334	I70.335	I70.338	
	I70.339	I70.341	I70.342	I70.343	
	I70.344	I70.345	I70.348	I70.349	
	I70.35	I70.361	I70.362	I70.363	
	I70.369	I70.421	I70.422	I70.423	
	I70.428	I70.429	I70.431	I70.432	
	I70.433	I70.434	I70.435	I70.438	
	I70.439	I70.441	I70.442	I70.443	
	I70.444	I70.445	I70.448	I70.449	
	I70.461	I70.462	I70.463	I70.468	
	I70.469	I70.521	I70.522	I70.523	
	I70.528	I70.529	I70.531	I70.532	
	I70.533	I70.534	I70.535	I70.538	
	I70.539	I70.541	I70.542	I70.543	
	I70.544	I70.545	I70.548	I70.549	
	I70.561	I70.562	I70.563	I70.568	
	I70.569	I70.621	I70.622	I70.623	
	I70.628	I70.629	I70.631	I70.632	
	I70.633	I70.634	I70.635	I70.638	
	I70.639	I70.641	I70.642	I70.643	
	I70.644	I70.645	I70.648	I70.649	
	I70.661	I70.662	I70.663	I70.668	
	I70.669	I70.721	I70.722	I70.723	
	I70.728	I70.729	I70.731	I70.732	
	I70.733	I70.734	I70.735	I70.738	
	I70.739	I70.741	I70.742	I70.743	
	I70.744	I70.745	I70.748	I70.749	
	I70.761	I70.762	I70.763	I70.768	
	I70.769	I72.3	I72.4	I72.8	
	I72.9	I77.2	I77.70	I77.72	
	I77.77	I77.79	I74.3	I74.4	
	I74.5	I74.8	I74.9	I75.021	
	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (cont.)</b>		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				
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	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
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b>.</p>			
<b>Circumcision</b>	<b>Routine circumcision is <u>not</u> a covered benefit.</b>	54161	54162		
	Prior authorization required <u>only</u> for cases with documented				

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

<b>Cochlear and other auditory implants</b>	<b><u>For members younger than 21:</u></b>	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	<b><u>For members ages 21 and older:</u></b>				
	<ul style="list-style-type: none"> <li>• Prior authorization required for supplies, equipment maintenance and repair of component parts</li> <li>• Hardware is <u>not</u> a covered benefit.</li> <li>• Clinical documentation <u>must</u> accompany and establish medical necessity for this service request.</li> </ul>				

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

<b>Cosmetic and reconstructive</b>	Prior authorization required for the codes listed	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

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

<b>Durable medical equipment (DME)</b>	To request DME items, please call Preferred Homecare at <b>800-636-2123</b> .	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 <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > 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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<b>Durable medical equipment (DME) (cont.)</b>	or a cumulative rental cost of more than \$500	Information.	E0194	E0265	E0266	E0270	
	These DME items are <u>not</u> covered by Preferred Homecare:		E0300	E0445	E0457	E0465	
		• Bone stimulators	E0466	E0483	E0486	E0620	
		• Diabetic supplies	E0636	E0638	E0641	E0642	
		• Enclosed beds	E0656	E0669	E0670	E0675	
		• Insulin pumps	E0693	E0694	E0700	E0710	
		• Percussion vests	E0745	E0766	E0784	E0984	
		• Specialty beds	E0986	E1002	E1003	E1004	
		• Wound vacs	E1005	E1006	E1007	E1008	
		Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .		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				

<p><b>Enteral services/parenteral/oral</b></p> <p>In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements</p>	<p>To request services and/or supplies, please call Preferred Homecare at <b>800-636-2123</b>.</p>	<p><b>Clinical documentation and oral supplement Certificate of Medical Necessity as applicable <u>must</u> accompany and establish medical necessity for this service request.</b></p> <p><b><u>For members younger than 21:</u></b></p> <p>For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 430, EPSDT Services &gt; 430-10.</b></p>
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Enteral services/parenteral/ Oral (cont.)</b>		<p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 430-2.</b></p> <p><b>For members ages 21 and older:</b> Please review AMPM Chapter 300, Policy 310-GG at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; 310, Covered Services &gt; 310-GG.</b></p> <p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; Chapter 300 - Overview &gt; Attachment C.</b></p>			
<b>Experimental and investigational services (and/or linked services)</b>	<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 <b>AZAHCCCS.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; 320, Services With Special Circumstances &gt; 320-B.</b></p>	<p>33477 A4638</p>	<p>36514 A9274</p>	<p>64722 E1831</p>	<p>66180</p>
<b>Eye care/optometry</b>	<p><b><u>Benefits provided for members younger than 21:</u></b></p> <ul style="list-style-type: none"> <li>• One routine eye exam every 12 months</li> <li>• Regular single vision bifocal or trifocal polycarbonate lenses</li> <li>• Frame for up to \$79.99 retail price</li> <li>• One replacement pair of glasses if lost, stolen or damaged</li> <li>• Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision.</li> </ul> <p><b><u>For members ages 21 and older:</u></b> 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 <b>800-481-2779.</b></p>			
<b>Femoroacetabular impingement syndrome (FAI)</b>	<p>Prior authorization required for the codes listed</p>	<p>29914</p>	<p>29915</p>	<p>29916</p>	
<b>Functional endoscopic sinus</b>	<p>Prior authorization required for the codes listed</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			
<b>surgery (FESS)</b>		31256 31276	31257 31287	31259 31288	31267
<b>Genetic testing</b>	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 <b>800-788-9743</b> .	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
<b>Hearing services</b>	<b>For members younger than 21:</b>	92590	92591	92592	92593
Hearing evaluations and hearing aids	Prior authorization not required	92594	92595	V5010	V5011
	<b>For members ages 21 and older:</b>	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		
<b>Home health care services</b>	Prior authorization required for the codes listed	G0299	G0300	S9123	S9124
<b>Hysterectomy</b>	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
<b>Incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request incontinence supplies, please call Preferred Homecare at <b>800-636-2123</b> .			
<b>Infusion in-home services</b>	Prior authorization required for all services not covered by Optum Infusion	To request services and/or supplies, please call Optum Infusion <b>888-705-4470</b>			
<b>Injectable medications for in-home usage</b>	Prior authorization required for all medications not covered by Optum Infusion	To request medications, please call Optum Infusion <b>888-705-4470</b>			
<b>Injectable medications</b>	Prior authorization required for the codes listed	<b>Actemra®</b> J3262			
	<b>Do Not Start Case – Direct</b>	<b>Adakveo®</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Provider using the information below:</b>	J0791			
	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:	<b>Amondys 45™</b>			
	Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications	J1426 <b>Amvuttra™</b>			
	For questions about this online authorization process, the provider may call <b>Optum SGP (Specialty Guidance Program):</b> 1-888-397-8129	J0225 <b>Apretude™</b>			
		<b>Aralast NP, Prolastin-C, Zemaira</b>			
		J0256 <b>Avsola™</b>			
		Q5121 <b>Benlysta</b>			
		J0490 <b>Berinert</b>			
		<b>Botulinum toxins</b>			
		J0585                      J0586                      J0587                      J0588			
		<b>Brineura™</b>			
		J0567 <b>Cabenuva™</b>			
		J0741 <b>Cinqair®</b>			
		J2786 <b>Crysvita®</b>			
		J0584 <b>Cutaquig®</b>			
		J1551 <b>Entyvio®</b>			
		J3380 <b>Enjaymo™</b>			
		J1302 <b>Esperoct®</b>			
		J7204 <b>Evenity™</b>			
		J3111 <b>Evkeeza™</b>			
		J1305 <b>Fasenra™</b>			
		J0517 <b>Fensolvi®</b>			
		J1951 <b>Feraheme®</b>			
	Q0138				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Firmagon®</b>				
	J9155				
	<b>Fynetra®</b>				
	Q5130				
	<b>Gamifant®</b>				
	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Glassia®</b>				
	J0257				
	<b>Hemgenix®</b>				
	J1411				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	J1459	J1554	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	<b>Korsuva®</b>				
	J0879				
	<b>Krystexxa®</b>				
	J2507				
	<b>Lanreotide®</b>				
	J1932				
	<b>Lemtrada®</b>				
	J0202				
	<b>Leqvio®</b>				
	J1306				
	<b>Lupron Depot®</b>				
	J1950				
	<b>Lupron Depot, Eligard®</b>				
	J9217				
<b>Makena®</b>					
J1726	J1729	J2675			
<b>Mepsevii®</b>					
J3397					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)	<b>Monoferric®</b>	J1437
	<b>Nexviazyme®</b>	J0219
	<b>Nglazyme®</b>	J1458
	<b>Nplate®</b>	J2796
	<b>Nucala®</b>	J2182
	<b>Ocrevus™</b>	J2350
	<b>Octreotide Acetate</b>	J2354
	<b>Orencia®</b>	J0129
	<b>Onpattro™</b>	J0222
	<b>Parsabiv™</b>	J0606
	<b>Probuphine®</b>	J0570
	<b>Prolia®</b>	J0897
	<b>Radicava®</b>	J1301
	<b>Reblozyl®</b>	J0896
	<b>Releuko®</b>	Q5125
	<b>Remicade®</b>	J1745
	<b>Renflexis®</b>	Q5104
	<b>Riabni™</b>	Q5123
	<b>Rituxan®</b>	J9312
	<b>Rituxan Hycela®</b>	J9311
	<b>Ruconest®</b>	J0596
	<b>Ruxience®</b>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable medications (continued)	Q5119					
	<b>Ryplazim™</b>					
	J2998					
		<b>Sandostatin® LAR</b>				
		J2353				
		<b>Saphnelo®</b>				
		J0491				
		<b>Scenesse®</b>				
		J7352				
		<b>Sevenfact®</b>				
		J7212				
		<b>Signifor® LAR</b>				
		J2502				
		<b>Simponi Aria®</b>				
		J1602				
		<b>Skyrizi®</b>				
		J2327				
		<b>Sodium Hyaluronate</b>				
		J7320	J7321	J7322	J7324	
		J7325	J7326	J7327	J7329	
		J7331	J7332			
		<b>Somatuline® Depot</b>				
		J1930				
		<b>Spevigo®</b>				
		J1747				
		<b>Spravato™</b>				
		S0013				
		<b>Stelara®</b>				
		J3358				
		<b>Sublocade™</b>				
		Q9991	Q9992			
		<b>Supprelin® LA</b>				
		J9226				
	<b>Tepezza®</b>					
	J3241					
	<b>Tezspire™</b>					
	J2356					
	<b>Therapeutic Radiopharmaceuticals***</b>					
	A9513	A9590	A9606	A9607		
	A9699					
	<b>Trelstar®</b>					
	J3315					
	<b>Triptodur®</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<p>J3316</p> <p><b>Trogarzo™</b></p> <p>J1746</p> <p><b>Unclassified codes**</b></p> <p>C9094                      C9149                      J3490                      J3590</p> <p><b>Uplizna®</b></p> <p>J1823</p> <p><b>Intravitreal Vascular Endothelial Growth Factor (VEGF)</b></p> <p>J0178                      J0179                      J2777                      J2778</p> <p>J2779                      Q5124                      Q5128</p> <p><b>Vimizim®</b></p> <p>J1322</p> <p><b>Vyepti™</b></p> <p>J3032</p> <p><b>Vyvgart™</b></p> <p>J9332</p> <p><b>Xembify®</b></p> <p>J1558</p> <p><b>Xenpozyme®</b></p> <p>J0218</p> <p><b>Zoladex®</b></p> <p>J9202</p>	<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 &amp; 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 <b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><b>** For unclassified and temporary codes C9094, C9149, J3490 and J3590, prior authorization is only required for Nulibry, Purified Cortropin Gel™, Revcovi, Tzielid, Vabysmo,</b></p> <p><b>***For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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.</b></p>			
Inpatient admissions-and post acute services:	Notification required for admissions	<p>Inpatient admissions-post acute services: Prior authorization and notification of admission date required for these facilities.</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>			
Joint replacement Joint, total hip and	Prior authorization required for the codes listed	24360	24361	24362	24363

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
knee replacement		24370	24371	27120	27125	
		27130	27132	27134	27137	
		27138	27412	27446	27447	
		27486	27487	29866	29867	
		29868				
<b>Laboratory services</b>	Prior authorization required	Please call LabCorp at <b>800-788-9743</b>				
<b>Non-emergent air ambulance transport</b>	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436	
<b>Orthognathic surgery</b>	Prior authorization required for the codes listed	21121	21123	21125	21127	
Treatment of maxillofacial/jaw functional impairment		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		
	<b>Orthotics and prosthetics</b>	Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
L0464			L0480	L0482	L0484	
L0486			L0624	L0629	L0631	
L0632			L0634	L0636	L0637	
<b><u>For members younger than 21 with orthotic limitation:</u></b>		<ul style="list-style-type: none"> <li>Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit.</li> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively.</li> </ul>	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
<b><u>For members ages 21 and older:</u></b>		<ul style="list-style-type: none"> <li>AHCCCS orthotics coverage applies if: The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.</li> <li>The orthotic is less expensive than all other treatment options or surgical procedures</li> </ul>	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)	to treat the same diagnosed condition.	L5010	L5020	L5050	L5060
	• The orthotic is ordered by a physician or primary care provider.	L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6881	L6882
	L6883	L6884	L6885	L6895	
	L6900	L6905	L6910	L6915	
	L6920	L6925	L6930	L6935	
	L6940	L6945	L6950	L6955	
	L6960	L6965	L6970	L6975	
	L7007	L7008	L7009	L7040	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7405	L8040	L8042	L8043
		L8044	L8045	L8046	L8047
		L8499	L8609	L8610	L8612
		L8631	L8659		
<b>Out-of-network services</b>	Prior authorization required for all out-of-network services				
<b>Out-of-state services</b>	Benefit only approved when service is emergent or unavailable in the state of Arizona				
<b>Outpatient therapy - Occupational and physical therapy</b>	<b><u>For members younger than 21:</u></b>	97012	97014	97016	97018
	<b>Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply, however, requests will be reviewed for medical necessity.</b>	97022	97026	97028	97033
		97034	97039	97110	97112
		97113	97116	97124	97140
		97530	97535	97799	G0281
		G0283			
	<ul style="list-style-type: none"> <li>• Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits.</li> </ul>				
	<b><u>For QMB members:</u></b>				
	<b>Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply, however, requests will be reviewed for medical necessity</b>				
	<ul style="list-style-type: none"> <li>• Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul>				
<b><u>For members ages 21 and older:</u></b>					
Prior authorization is not required for occupational and physical therapy					
<b>Outpatient therapy - Speech therapy</b>	<b><u>For members younger than 21:</u></b>	92507	92508	92526	
	<b>Speech therapy services are covered when medically necessary. No annual benefit limits apply, however, requests will be reviewed for medical necessity</b>				
<ul style="list-style-type: none"> <li>• Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul>					
<b><u>For members ages 21 and older:</u></b>					
Outpatient speech therapy is <b>not</b> a					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Outpatient therapy	covered benefit				
Speech therapy (cont.)	<p><b>For QMB members: Speech therapy services are covered when medically necessary. No annual benefit limits apply, however, requests will be reviewed for medical necessity</b></p> <ul style="list-style-type: none"> <li>• Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul>				
Pain injections and management	Prior authorization required	64490		64493	
Pharmacy drugs	<p>A list of medications requiring prior authorization is available at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Pharmacy Resources and Physician Administered Drugs</p> <p><b>Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.</b></p> <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> <li>• Acthar® gel</li> <li>• Aldurazyme®</li> <li>• Ceprotin®</li> <li>• Cerezyme®</li> <li>• Cimzia®</li> <li>• Cinryze®</li> <li>• Elaprase®</li> <li>• Eleyso®</li> <li>• Fabrazyme®</li> <li>• Juxtapid®</li> <li>• Kalydeco®</li> <li>• Kuvan®</li> <li>• Kynamro®</li> <li>• Lumizyme®</li> <li>• Myozyme®</li> <li>• Orfadin®</li> <li>• VPRIV®</li> <li>• Zolgensma®</li> </ul>	<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>
			<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: <b>800-310-6826</b> Fax: <b>866-940-7328</b></p> <p>For specialty pharmacy prior authorization, please fax <b>866-940-7328</b>.</p> <p>Fax forms are available at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Pharmacy Resources and Physician Administered Drugs &gt; Pharmacy Prior Authorization &gt; 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>		
Potentially Unproven Services	Prior authorization required	33289		C2624	
Pregnancy termination	<p>Prior authorization required for the codes listed</p> <p>Prior authorization includes Mifepristone, Mifeprex® or RU-486</p> <p><b>Clinical documentation and the Certificate of Medical Necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.</b></p>	<p>59840</p> <p>59852</p>	<p>59841</p> <p>59855</p>	<p>59850</p> <p>59856</p>	<p>59851</p> <p>59857</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pregnancy termination (cont.)</b>	<p>For more information, please review AMPM Chapter 400, Section 410 Section E Pregnancy Termination at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 410, Maternity Care Services &gt; Section E Pregnancy Termination.</p> <p>The Certificate of Medical Necessity For Pregnancy Termination can be found at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; Attachment C.</p>				
<b>Private duty nursing</b>	Prior authorization required for the codes listed	T1002	T1003		
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
<b>Proton beam therapy</b>	Prior authorization required for the codes listed	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p>			
<b>Rhinoplasty and septoplasty</b>	Prior authorization required for the codes listed	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Shoulder surgery</b>	Prior authorization required	<b>Musculoskeletal System</b>			
		23470	23472	23473	23474
		29806	29807	29819	29822
		29823	29824	29825	29826
		29827	29828		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Sinuplasty</b>	Prior authorization required for the codes listed	31295	31296	31297	31298	
<b>Site of service (SOS)</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>				
		69205				
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cardiovascular System</b>				
		36590	36832			
			<b>Carpal Tunnel Surgery</b>			
			64721			
			<b>Cataract Surgery</b>			
			66821	66982	66984	
			<b>Colonoscopy</b>			
			45378	45380	45384	45385
			<b>Cosmetic &amp; Reconstructive</b>			
			13101	13132	14040	14060
			14301	21552	21931	
			<b>Digestive System</b>			
			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	
			<b>ENT Procedures</b>			
			21320	30140	30520	69436
			69631			
			<b>Eye and Ocular Adnexa</b>			
			65710	65820	66250	66710
			66711	66825	66986	66987
			66988	67010	67041	67042
			67105	67108	67113	67840
			68110	68115	68320	68720
			68815			
			<b>Female Genital System</b>			
			57240	57250	57461	57520
			58561	58562		
		<b>Gynecologic Procedures</b>				
		57522	58353	58558	58563	
		58565				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	<b>Hemic and Lymphatic Systems</b>				
		38500	38510	38525	
	<b>Hernia Repair</b>				
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
	<b>Integumentary System</b>				
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
	<b>Liver Biopsy</b>				
		47000			
	<b>Male Genital System</b>				
		54840			
	<b>Miscellaneous</b>				
		20680			
	<b>Musculoskeletal System</b>				
		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	
	<b>Nervous System</b>				
		64561	64640		
	<b>Ophthalmologic</b>				
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
	<b>Respiratory System</b>				
		30802	30930	31525	31535
		31536	31541	31624	
	<b>Tonsillectomy &amp; Adenoidectomy</b>				
		42820	42821	42825	42826

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (continued)</b>		42830			
		<b>Upper Gastrointestinal Endoscopy</b>			
		43235	43239	43249	
		<b>Urinary System</b>			
		52276	52287	52320	52344
		<b>Urologic Procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	55040
	55700	57288			
<b>Skilled nursing facility services</b>	Prior authorization required				
<b>Sleep apnea procedures and Surgeries</b>	Prior authorization required for the codes listed	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
<b>Specialty/enclosed beds</b>	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		
<b>Spinal surgery</b>	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont.)		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
	<b>For all members younger than 21:</b>	55831	58600	58605	58611
	Prior authorization required	58615	58670	58671	58700
	<b>Any member requesting sterilization must sign an appropriate Consent for Sterilization form.</b>				
	For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> > 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 <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> > 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	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	
		<b>Neurostimulator</b>			
		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			
<b>Stimulators (cont.)</b>		L8687	L8688		
<b>Transplant services</b>	Prior authorization required for the codes listed  <b>Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request.</b>	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene 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 <b>888-936-7246</b> 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		
		<b>CAR T-Cell therapy:</b>			
		0537T	0538T	0539T	0540T
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		<b>Gene therapy**:</b>			
		C9399	J3490	J3590	
<b>Transportation</b>	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at <b>888-700-6822</b> .			
<b>Vein procedures</b>	Prior authorization required for the codes listed	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
<b>Ventricular assist devices (VAD)</b>	Prior authorization required for the codes listed	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .			
A mechanical pump that takes over the		33927	33928	33929	33975



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
function of the damaged ventricle of the heart and restores normal blood flow		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required for the code listed	E2402			