

Prior Authorization Requirements for Arizona Developmentally Disabled Medicaid

Effective March 1, 2023

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Arizona Developmentally Disabled 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 and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the 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>For members younger than 21: Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p>For members ages 21 and older: Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is not a covered</p>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Allergy immunotherapy (continued)	benefit. Allergy testing, including testing for common allergens, is a covered benefit when the member has: <ul style="list-style-type: none"> Sustained an anaphylactic reaction to an unknown allergen Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <p><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	Prior authorization required for inpatient admissions Prior authorization required for outpatient services listed. Second level review required by the Division for Out of State service requests				
					The following benefits and/or codes require prior authorization: <ul style="list-style-type: none"> Acute inpatient admission Applied behavior analysis (ABA) Electroconvulsive therapy Home care training client (S5109) Out-of-state placement Psychological testing Behavioral health Residential Facility-Level II (Group home H0018) Residential Treatment Center – Level 1 Transcranial magnetic stimulation <p>For ABA Therapy, submit via fax or Provider Express.</p>
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975	20979	E0760	
BRCA genetic testing	Prior authorization required for the codes listed Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the	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			
Breast reconstruction (non-mastectomy) (continued) breast except for after mastectomy		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
Cancer supportive care	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			
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 .			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms,	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiology (continued)	electrophysiology and stress echoes prior to performance	Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit: UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program			
Cardiovascular	Prior authorization required	93580			
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>Please submit requests online by using the Prior Authorization and Notification on UnitedHealthcare Provider Portal.. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129.</p>			
Circumcision	Routine circumcision is not a covered benefit. Prior authorization required only for cases with documented medical necessity	54150	54160	54161	54162
Cochlear and other auditory implants	<p>For members younger than 21: Prior authorization required for the codes listed</p> <p>For members ages 21 and older:</p> <ul style="list-style-type: none"> • Prior authorization required for supplies, equipment maintenance and repair of component parts • Hardware is not a covered benefit. Clinical documentation must accompany and establish medical necessity for this service request. 	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
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. Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	11960	14020	14021	14041
		14061	15823	15830	15847
		17106	17107	17108	17999

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
physical appearance without significantly improving or restoring physiological function		21137	21138	21139	21172	
		21175	21179	21180	21181	
		21182	21183	21184	21230	
		21235	21256	21275	21280	
		21282	21295	21740	21742	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21743	28344	30620	67900
			67901	67902	67903	67904
			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 . For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D1 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-D1.					
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) <i>*Requires Prior Authorization regardless of dollar amount</i>	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500 To request DME items, please call Preferred Homecare at 800-636-2123 . These DME items are <u>not</u> covered by Preferred Homecare: <ul style="list-style-type: none">• Bone stimulators• Diabetic supplies• Enclosed beds• Insulin pumps• Percussion vests• Specialty beds• Wound vacs Prosthetics are not DME – see <i>Orthotics and prosthetics</i>	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.				
		E0194	E0265	E0266	E0270	
		E0300	E0445	E0457	E0460	
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		E2228	E2230	E2300	E2301
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	*E2510
		*E2511	*E2512	*E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0800
		K0801	K0802	K0806	K0807
		K0808	K0812	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	K0830
		K0831	K0836	K0837	K0838
		K0839	K0840	K0841	K0842
		K0843	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
K0886	K0890	K0891	S1040		
Enteral services/parenteral/oral In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements	To request services and/or supplies, please call Preferred Homecare at 800-636-2123 .	Clinical documentation and oral supplement Certificate of Medical Necessity, as applicable, must accompany and establish medical necessity for this service request.			
		For members younger than 21: For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10 . The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2 .			
		For members 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 . The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C .			
Experimental or investigational (and/or	Prior authorization required for all services considered experimental	33477	36514	64722	66180

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
linked services)	and/or investigational For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.	A4638	A9274	E1831	
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>	For member eye care services, please call Nationwide Vision at 800-481-2779 .			
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 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic testing	Prior authorization required for all services not covered by LabCorp To determine prior authorization requirements, please call LabCorp at 800-788-9743 .	81265 81325 81405 81415 81465 88248 88263 88271 88275 88289	81302 81401 81406 81416 81479 88249 88264 88272 88280 88291	81321 81403 81407 81417 86353 88261 88267 88273 88283 88299	81323 81404 81408 81460 88245 88262 88269 88274 88285
Hearing aids and services	<u>For members younger than 21:</u> Prior authorization not required	92590 92594	92591 92595	92592 V5010	92593 V5011
Hearing evaluations and hearing aids	<u>For members ages 21 and older:</u> Prior authorization required	V5014 V5060	V5030 V5095	V5040 V5100	V5050 V5120

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		V5190	V5230	V5242	V5243
		V5244	V5245	V5246	V5247
		V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
		V5267	V5298		
Home health care	Prior authorization required for the codes listed	G0299	G0300	S9123	S9124
Hospice	Prior authorization required for the codes listed				
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	58293	58294	58541
		58542	58543	58544	58548
		58550	58552	58553	58554
		58570	58571	58572	58573
		58951	58953	58954	58956
		59135	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			
		Adakveo®			
		J0791			
		Amondys 45™			
		J1426			
		Amvuttra™			
		J0225			
		Apretude™			
		J0739			
		Aralast NP, Prolastin-C, Zemaira			
		J0256			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
	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: Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications				
	For questions about this online authorization process, the provider may call Optum SGP (Specialty				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Guidance Program): 1-888-397-8129	Berinert J0597 Botulinum toxins J0585 J0586 J0587 J0588 Brineura™ J0567 Cabenuva™ J0741 Cinqair® J2786 Crysvita® J0584 Cutaquig® J1551 Enjaymo™ J1302 Entyvio® J3380 Esperoct® J7204 Evenity™ J3111 Evkeeza™ J1305 Fasenra™ J0517 Fensolvi® J1951 Feraheme® Q0138 Firmagon® J9155 Gamifant® J9210 Givlaari® J0223 Glassia® J0257 Ilaris® J0638 Ilumya™ J3245 Inflectra®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	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®				
	J1458				
	Nplate®				
J2796					
Nucala®					
J2182					
Ocrevus™					
J2350					
Octreotide Acetate					
J2354					
Onpattro™					
J0222					
Orencia®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)		J0129	
		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®
		J0491	
		Scenesse®	
		J7352	
		Sevenfact®	
		J7212	
		Signifor® LAR	
		J2502	
		Simponi Aria®	
		J1602	
		Skyrizi®	
		J2327	

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<p>(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>** For unclassified and temporary codes C9094, C9399, J3490 and J3590, prior authorization is only required for Fynetra®, Nulibry, Purified Cortrophin Gel™, Revcovi,, Ryplazim, Spevigo, Vabysmo™, Xenpozyme®</p> <p>***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129.</p>			
Inpatient admission 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"> • Acute care hospitals • Acute inpatient rehabilitation • Long-term acute care hospitals • Skilled nursing facilities 			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization 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	To determine prior authorization requirements, please call LabCorp at 800-788-9743 .			
Non-emergent air ambulance transport	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
Orthognathic surgery	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		
Orthotics and prosthetics	Prior authorization required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 <u>For members younger than 21 with</u>	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	<u>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
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. 	L0861	L1000	L1005	L1200
	<u>For members ages 21 and older:</u>	L1300	L1310	L1499	L1680
	AHCCCS orthotics coverage applies if:	L1685	L1700	L1710	L1720
	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. 	L1730	L1755	L1820	L1830
	<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. 	L1831	L1832	L1834	L1836
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 	L1840	L1844	L1845	L1846
	<u>For members ages 21 and older with orthotic limitation:</u>	L1847	L1850	L1860	L1945
	<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. 	L1950	L1970	L2000	L2005
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. 	L2010	L2020	L2030	L2034
	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. 	L2036	L2037	L2038	L2060
	<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. 	L2106	L2108	L2126	L2136
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 	L2350	L2510	L2526	L2627
	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. 	L2628	L3230	L3265	L3649
	<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. 	L3671	L3674	L3720	L3730
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 	L3740	L3763	L3764	L3900
	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. 	L3901	L3904	L3905	L3961
	<ul style="list-style-type: none"> The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition. 	L3971	L3975	L3976	L3977
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 	L3999	L4000	L4010	L4020
	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. 	L4350	L4392	L4394	L4631
	<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. 	L5010	L5020	L5050	L5060
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 	L5100	L5105	L5150	L5160
	<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. 	L5200	L5210	L5220	L5230
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. 	L5250	L5270	L5280	L5301
	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. 	L5312	L5321	L5331	L5341
	<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. 	L5400	L5420	L5460	L5500
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 	L5505	L5510	L5520	L5530
	<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. 	L5535	L5540	L5560	L5570
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. 	L5580	L5585	L5590	L5595
	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. 	L5600	L5610	L5613	L5614
	<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. 	L5616	L5639	L5640	L5642
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 	L5643	L5644	L5646	L5647
	<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. 	L5648	L5649	L5651	L5653
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. 	L5661	L5673	L5682	L5683
	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. 	L5700	L5702	L5703	L5705
	<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. 	L5706	L5716	L5718	L5722
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 	L5724	L5726	L5728	L5780
	<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. 	L5790	L5795	L5811	L5812
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. 	L5814	L5816	L5818	L5822
<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. 	L5824	L5826	L5828	L5830	
<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. 	L5845	L5848	L5857	L5858	
<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider. 	L5930	L5950	L5960	L5961	
<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. 	L5962	L5964	L5966	L5968	
<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. 	L5976	L5979	L5980	L5981	
<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. 	L5982	L5984	L5986	L5987	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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 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	<u>For members younger than 21:</u>	92507	92508	92521	92522	
	Prior authorization required for the codes listed	92523	92524	92526	97012	
		97014	97016	97018	97022	
		97026	97028	97033	97034	
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.	97039	97110	97112	97113	
		97116	97124	97140	97161	
		97162	97163	97164	97165	
		<u>For members ages 21 and older:</u>	97166	97167	97168	97799
	Prior authorization not required					
	Outpatient speech therapy is <u>not</u> a covered benefit.					
	Occupational and physical therapy is covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:					

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

For Qualified Medicare Beneficiaries (QMB):

Covered for unlimited visits when medically necessary

Pain injections and management	Prior authorization required	64490	64493		
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Pharmacy drugs	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan	90378	J0224	J0717	J0800
	> Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization	J1290	J1300	J1303	J1427
		J1428	J1429	J1786	J2326
		J2357	J2840	J3060	J3385
		J3398	J3399		

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

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

- Acthar® gel
- Aldurazyme®
- Ceprotin®
- Cerezyme®
- Cimzia®
- Cinryze®
- Elaprase®
- Exondys 51™
- Eleyso®
- Fabrazyme®
- Juxtapid®
- Kalydeco®
- Kuvan®
- Kynamro®
- Lumizyme®
- Myozyme®
- Orfadin®
- Soliris®
- Spinraza™
- Synagis®
- VPRIV®
- Xolair®
- Zolgensma®

For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:

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

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

Fax forms are available at **UHCprovider.com/AZcommunityplan** > Pharmacy Resources and Physician Administered Drugs > Pharmacy Prior Authorization > Pharmacy Prior Authorization Forms. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.

Pregnancy termination	Prior authorization required for the codes listed.	59840	59841	59850	59851
		59852	59855	59856	59857



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	Prior authorization includes Mifepristone, Mifeprex® or RU-486				
	Clinical documentation and the Certificate of Medical Necessity for pregnancy termination must accompany the prior authorization request form.				
	For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination.				
	The Certificate of Medical Necessity For Pregnancy Termination can be found at AZAHCCCS.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.				
Private duty nursing	Prior authorization required for the codes listed	T1002	T1003		
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
Proton beam therapy	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					
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 				
		Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054 .			
		For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/AZcommunityplan > Radiology Prior Authorization and Notification Program.			
Rhinoplasty and septoplasty Treatment of nasal functional impairment	Prior authorization required for the codes listed	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
and septal deviation					
Shoulder Surgery	Prior authorization required for the codes listed	29805 29820 29825	29806 29822 29826	29807 29823 29827	29819 29824 29828
Sinuplasty	Prior authorization required for the codes listed	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Auditory System 69205 Cardiovascular System 36590 36832 Carpal Tunnel Surgery 64721 Cataract Surgery 66821 66982 66984 Colonoscopy 45378 45380 45384 45385 Cosmetic & 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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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			
		47000			
		Male Genital System			
		54840			
		Miscellaneous			
		20680			
		Musculoskeletal System			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22902	22903	23071
		23075	23470	23472	23474
		23743	24071	27327	27337
		27632	28035	28039	28041
		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29835
		29840	29845	29846	29848
		29861	29875	29876	29877
	29879	29880	29881	29882	
	29888	29893	G0260		
	Nervous System				
	64561	64640			
	Ophthalmologic				
	65426	65730	65855	66170	
	66761	67028	67036	67040	
	67228	67311	67312		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		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 and custodial nursing facility services	Prior authorization required				
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required for the codes listed	21685	41599	42145	
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont.)		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63185	63190	63191
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		0095T	0098T	0164T	
	*SOS applies				
Sterilization	Prior authorization required	52601	52630	52647	52648
		52649	55250	55450	55801
	Any member requesting sterilization must sign an appropriate Consent for Sterilization form.	55821	55831	58600	58605
		58611	58615	58670	58671
	For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at	58700			
	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	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			
	Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request.				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Transplant services (cont.)		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.			
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32850	32851	32852	32853
32854	32855	32856	33930
33933	33935	33940	33944
33945	38208	38209	38210
38212	38213	38214	38215
38232*	38240	38241	38242
44132	44133	44135	44136
44137	44715	44720	44721
47133	47135	47140	47141
47142	47143	47144	47145
47146	47147	48551	48552
48554	50300	50320	50323
50325	50340	50360	50365
50370	50547		

CAR T-Cell therapy:

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

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

Gene therapy:**

C9399	J3490	J3590	
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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 .			
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Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required for the codes listed	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		

Ventricular assist devices	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 .			
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A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509

Wound vac	Prior authorization required for the codes listed	E2402			
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**Procedures and
Services**

Additional Information

**CPT® or HCPCS Codes and/or
How to Obtain Prior Authorization**
