Prior Authorization Requirements for Arizona Long Term Care Medicaid

Effective February 1, 2023

General Information

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Arizona Long Term Care 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:** 800-377-2055

Important Information

- **To be eligible for 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.
- **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	**For members younger than 21:** Allergy immunotherapy and allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary. **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 benefit.** Allergy testing, including testing for common allergens, **is a covered benefit** when the member has: • Sustained an anaphylactic reaction to an unknown	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Allergy immunotherapy (continued)	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. **Prior authorization is required for allergy testing when it meets the criteria above.**				
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.	The following benefits and/or codes require prior authorization: • Acute inpatient admission (includes admissions to AZ State Hospital) • Electroconvulsive therapy • Home care training client (S5109) • Neuropsychological testing • Out-of-state placement • Psychological testing • Residential behavioral health facility – Level II group home (H0018) • Residential treatment center – Level 1 • Transcranial magnetic stimulation			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required for the codes listed	20975	20979		
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 breast except for after mastectomy	Prior authorization required for the codes listed	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371
Cardiovascular	Prior authorization required	37220 37226 37230	37221 37227 37231	37224 37228	37225 37229
		DX Not Req PA			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
Circumcision	**Routine circumcision is <u>not</u> a covered benefit.** Prior authorization required <u>only</u> for cases with documented medical necessity.	54150	54160	54161	54162
Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	**<u>For members younger than 21:</u>** Prior authorization required for the codes listed **<u>For members ages 21 and older</u>:** • Prior authorization required for supplies, equipment maintenance and repair of component parts • **Hardware is <u>not</u> a covered benefit.** **Clinical documentation <u>must</u> accompany and establish**	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	medical necessity for this service request.				
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A4239	A9276	A9277
		A9278	E0787	E2102	E2103
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required for the codes listed **Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.**	11960	11971	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			
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-D2 at **AZAHCCCS.gov >** Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300: Medical Policy for Covered Services > 310, Covered Services > 310-D2.				
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)	Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than $500 **UnitedHealthcare Community Plan Long Term Care will review Medicare denials of DME. Clinical documentation and a copy of the denial must accompany and establish medical necessity for the service request.** Prosthetics are not DME – see	E0193	E0194	E0265	E0266
		E0270	E0277	E0300	E0302
		E0304	E0329	E0445	E0457
		E0460	E0465	E0466	E0483
		E0486	E0620	E0636	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)	*Orthotics and prosthetics.*	E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1825
		E1902	E2100	E2227	E2228
		E2230	E2300	E2301	E2322
		E2325	E2327	E2329	E2331
		E2351	E2373	E2500	E2502
		E2504	E2506	E2508	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/parental/ oral In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN), and/or lipids and oral supplements	Prior authorization required for the codes listed **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-	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2. **For members 21 and older:** Please review AMPM Chapter 300, Policy 310-GG at **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 > 310, Covered Services > 310-GG. > Attachment A				
Experimental and investigational (and/or linked services)	Prior authorization required for all services considered experimental and/or investigational For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at **AZAHCCCS.gov >** Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.	33477 A4638	36514 A9274	64722 E1831	66180
Eye care/optometry	**Benefits provided for members younger than 21:** • One routine eye exam every 12 months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame for up to $79.99 retail price • One replacement pair of glasses if lost, stolen or damaged • Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision. **For members ages 21 and older:** Prior authorization required when	For member eye care services, please call Nationwide Vision at **800-481-2779.**			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	medically necessary to diagnose or treat diseases and conditions of the eye				
Femoroacetabular impingement syndrome (FAI)	Prior authorization required for the codes listed	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required for the codes listed	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic testing	Prior authorization required for services not covered by LabCorp To determine prior authorization requirements, please call LabCorp at **800-788-9743.**	81265	81302	81321	81323
		81325	81401	81403	81404
		81405	81406	81407	81408
		81415	81416	81417	81460
		81465	81479	86353	88245
		88248	88249	88261	88262
		88263	88264	88267	88269
		88271	88272	88273	88274
		88275	88280	88283	88285
		88289	88291	88299	
Hearing aids and services Hearing evaluations and hearing aids	**For members younger than 21:** Prior authorization not required **For members ages 21 and older:** Prior authorization required	92590	92591	92592	92593
		92594	92595	V5010	V5011
		V5014	V5030	V5040	V5050
		V5060	V5095	V5100	V5120
		V5190	V5230	V5242	V5243
		V5244	V5245	V5246	V5247
		V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
		V5267	V5298		
Home- and community-based services	Prior authorization required	For home- and community-based services, please call UnitedHealthcare Community Plan at **800-377-2055** or the notification number on the back of the member's health plan ID card.			
Home health care	Prior authorization required for the codes listed	For codes G0299, G0300, S9123 and S9124, please fax Case Management at **877-395-5993** to complete the request.			
	Infusion services – prior authorization not required	G0299	G0300	S9123	S9124
Hospice	Prior authorization required for the codes listed	For prior authorization, please call the Long Term Care Case Management Unit at **602-255-8908** to complete the request.			
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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Hysterectomy (cont.)		58550 58552 58553 58554 58570 58571 58572 58573 58951 58953 58954 58956 59135 59525
Incontinence supplies	**For members younger than 21:** Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month. **For members ages 21 and older:** Prior authorization required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.	
Injectable medications	Prior authorization required for the codes listed Do Not Start Case – Direct Provider using the information below: 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 Guidance Program): 1-888-397-8129	**Actemra®** J3262 **Adakveo®** J0791 **Amondys 45** J1426 **Amvuttra™** J0225 **Apretude™** J0739 **Aralast NP, Prolastin-C, Zemaira** J0256 **Avsola™** Q5121 **Benlysta** J0490 **Berinert** J0597 **Botulinum toxins** J0585 J0586 J0587 J0588 **Brineura™** J0567 **Cabenuva™** J0741 **Cinqair®** J2786 **Crysvita®** J0584 **Cutaquig®** J1551 **Enjaymo®**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1302			
		Entyvio®			
		J3380			
		Esperoct®*			
		J7204			
		Evenity™			
		J3111			
		Evkeeza™			
		J1305			
		Fasenra™			
		J0517			
		Fensolvi®			
		J1951			
		Feraheme®			
		Q0138			
		Gamifant®			
		J9210			
		Givlaari®			
		J0223			
		Glassia®			
		J0257			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Inflectra®			
		Q5103			
		Injectafer®			
		J1439			
		IVIG			
		J1459	J1554	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		Korsuva®			
		J0879			
		Krystexxa®			
		J2507			
		Lemtrada®			
		J0202			
		Leqvio®			
		J1306			
		Makena®			
		J1726	J1729	J2675	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		**Mepsevii®** J3397 **Monoferric®** J1437 **Nexviazyme®** J0219 **Nglazyme®** J1458 **Nplate®** J2796 **Nucala®** J2182 **Ocrevus™** J2350 **Orencia®** J0129 **Onpattro™** J0222 **Parsabiv™** J0606 **Probuphine®** J0570 **Prolia®** J0897 **Radicava®** J1301 **Reblozyl®** J0896 **Remicade®** J1745 **Renflexis®** Q5104 **Riabni™** Q5123 **Ruconest®** J0596 **Ryplazim™** J2998 **Saphnelo®** J0491 **Scenesse®** J7352 **Sevenfact®***

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J7212			
		Signifor® LAR			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Spravato™			
		S0013			
		Stelara®			
		J3358			
		Sublocade™			
		Q9991	Q9992		
		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
		Triptodur®			
		J3316			
		Trogarzo™			
		J1746			
		Unclassified codes**			
		C9090	C9094	C9399	J3490
		J3590			
		Uplizna®			
		J1823			
		Vimizim®			
		J1322			
		Vyepti™			
		J3032			
		Vyvgart™			
		J9332			
		Xembify®			
		J1558			
		Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com >** Menu > Policies and Protocols >			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. ** For unclassified and temporary codes C9090, C9094, C9399, J3490 and J3590, prior authorization is only required for Nulibry, Purified Cortrophin Gel™, Releuko®, Revcovi, Spevigo®, Vabysmo, Xenpozyme			
Inpatient admission	Prior authorization required for inpatient admissions including: • Behavioral/substance abuse • Elective surgical with admission • Hospice • Long term acute care/rehabilitation • Skilled nursing facilities Prior authorization not required for emergency services				
Inpatient – observation	Prior authorization not required Notification required if member is admitted for an inpatient stay **Observation must be ordered in writing by a physician, or other individual authorized by hospital staff bylaws, to admit patients to the hospital or to order outpatient diagnostic tests or treatments.**				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required for the codes listed	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487	24362 27120 27134 27446 29866	24363 27125 27137 27447 29867
Laboratory services	Prior authorization not required. If you have questions, please call LabCorp at **800-788-9743.**				
Musculoskeletal	Prior authorization required for the codes listed	**Shoulder Surgery** 23470	23472	23743	23474
Non-emergent air ambulance transport	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required for the codes listed	21121 21141 21146 21154 21188 21196 21208 21240	21123 21142 21147 21155 21193 21198 21209 21242	21125 21143 21150 21159 21194 21199 21210 21244	21127 21145 21151 21160 21195 21206 21215 21245

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont.)		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 **For members younger than 21 with orthotic limitation:** • Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit. • The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. **For members ages 21 and older:** AHCCCS orthotics coverage applies if: • The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines. • The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition. • The orthotic is ordered by a physician or primary care provider. **For members ages 21 and older with orthotic limitation:** • Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit. • The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
		L1836	L1840	L1844	L1845
		L1847	L1860	L1945	L1950
		L2000	L2005	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2526	L2627
		L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	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	L5724	L5726	L5728
		L5780	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5848	L5857
		L5858	L5930	L5950	L5960

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L5961	L5962	L5964	L5966
		L5968	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		L6000	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	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	L6920	L6925
		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-state services	Benefit only approved when service is emergent or unavailable in the state of Arizona				
Out-of-network services	Prior authorization required for all out-of-network services				
Outpatient therapy – Occupational, Physical and Speech Therapy	***For members younger than 21:*** Occupational, physical and speech therapy are covered when medically necessary. No annual benefit limits apply, however, requests will be reviewed for medical necessity. * Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits. ***For members ages 21 and older:*** **Occupational/Speech Therapy**	97012	97014	97016	97018
		97022	97026	97028	97033
		97034	97039	97110	97112
		97113	97116	97124	97140
		97530	97535	97799	G0151
		G0152	G0153	G0281	G0283
		S9129	S9131		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
	Prior authorization is required for Occupational and Speech therapy. Occupational and speech therapy services are covered when medically necessary. No annual benefit limits apply, however, requests will be reviewed for medical necessity. * Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits. **Physical Therapy - Outpatient** Prior authorization is NOT required for outpatient physical therapy. Outpatient physical therapy services are: * Limited to 15 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 visits per benefit year, Oct. 1 - Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it Physical Therapy - Skilled Nursing or Custodial Facility Considered as Inpatient. Services are covered when medically necessary and not subjected to outpatient benefits limitations. * Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits.	92507 92508 92526 92630 92633 96105 S9128
Pain injections and management	Prior authorization required	64490 64493
Pharmacy drugs	A list of medications requiring prior authorization is available at **UHCprovider.com/AZcommunity plan** > Pharmacy Resources and Physician Administered Drugs **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®	90378 J0224 J0717 J0800 J1290 J1300 J1303 J1427 J1428 J1429 J1786 J2326 J2357 J2840 J3060 J3385 J3398 J3399 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.**

United Healthcare Community Plan

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	• Cimzia® • Cinryze® • Elaprase® • Elelyso® • Exondys 51™ • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro® • Lumizyme® • Myozyme® • Orfadin® • Soliris® • Spinraza™ • Synagis® • VPRIV® • Xolair® • Zolgensma®	Fax forms are available at **UHCprovider.com/AZcommunityplan >** Arizona > Pharmacy Program > Pharmacy Prior Authorization Forms> Specialty Medication Prior Authorization Cover Sheet. 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 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.	59840 59852	59841 59855	59850 59856	59851 59857
Prostate procedures	Prior authorization required	37243 53852	52441 55866	52442 55873	53850 55874
Proton beam therapy Focused radiation therapy using beams of protons, which are	Prior authorization required for the codes listed	77520	77522	77523	77525

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
tiny particles with a positive charge		
Radiology	Prior authorization required for participating physicians who request the following advanced outpatient imaging procedures: • 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 fax **800-278-2907** to complete your request. Fax forms are available at **UHCprovider.com/AZcommunityplan** >Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required for the codes listed	30400 30410 30420 30430 30435 30450 30460 30462 30465
Shoulder Surgery	Prior authorization required for the codes listed	**Musculoskeletal System** 29805 29806 29807 29819 29820 29822 29823 29824 29825 29826 29827 29828
Sinuplasty	Prior authorization required for the codes listed	31295 31296 31297 31298
Skilled nursing facility services	Prior authorization required Separate prior authorization required for outpatient services	
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
Spinal surgery	Prior authorization required for the codes listed	22100 22101 22102 22110 22112 22114 22206 22207 22210 22212 22214 22220 22224 22510 22511 22512 22513 22514 22515 22532 22533 22548 22551 22554 22556 22558 22590 22595 22600 22610 22612 22630 22633 22800 22802 22804 22808 22810 22812 22818 22819 22830 22849 22850 22852 22855 22856 22861 22864 22865 22899 63001 63003 63005 63011 63012 63015 63016 63017 63020 63030 63040 63042 63045

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	
Sterilization	Prior authorization required for the codes listed **<u>For all members younger than age 21</u>:** Prior authorization required **Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.** For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at **AZAHCCCS.gov >** Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization. The Consent to Sterilization form can be found at **AZAHCCCS.gov >** Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.	52601	52630	52647	52648
		52649	55250	55450	55801
		55821	55831	58565	58600
		58605	58611	58615	58670
		58671	58700		
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	**Bone growth stimulator**			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
		L8687	L8688		
Transplant services	Prior authorization required for the codes listed **Clinical documentation to**	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
	support the need for transplants must accompany and establish medical necessity for service request.	Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at **888-936-7246** or the notification number on the back of the member's health plan ID card. 32850 32851 32852 32853 32854 32855 32856 33930 33933 33935 33940 33944 33945 38208 38209 38210 38212 38213 38214 38215 38232* 38240 38241 38242 44132 44133 44135 44136 44137 44715 44720 44721 47133 47135 47140 47141 47142 47143 47144 47145 47146 47147 48551 48552 48554 50300 50320 50323 50325 50340 50360 50365 50370 50547 **CAR-T Cell therapy** 0537T 0538T 0539T 0540T J9999 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 *Code 38232 will only require prior authorization for an oncology diagnosis **Gene therapy****:** C9399 J3490 J3590
Transportation	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at **888-700-6822.**
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required for the codes listed	36468 36473 36475 36478 37700 37718 37722 37765 37766 37780
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required for the codes listed	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at **855-282-8929.** 33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Wound vac	Prior authorization required for the codes listed A negative pressure wound therapy (NPWT) pump and supplies will be denied if one or more of the following are present: • Cancer tissue in the wound • Criteria for continued coverage is no longer met • Necrotic tissue with eschar in the wound, if debridement isn't attempted • Supplies and equipment are no longer being used by the member • Untreated fistula to an organ or body cavity within vicinity of the wound • Untreated osteomyelitis within vicinity of the wound	E2402