

Prior authorization requirements for developmentally disabled Arizona members

Effective May 1, 2024

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Developmental Disabled Program providing inpatient and outpatient services.

Additional state variations and regulations may apply. To request prior authorization, please submit your request using one of the following:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **By phone:** Call **800-445-1638**

Please note

- 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 health care professionals require prior authorization and documentation supporting the out-of-network request
- Experimental and investigational services are not covered benefits
- All rendering health care professionals, facilities and vendors must be actively registered with AHCCCS
- Services delivered inside the multi-specialty interdisciplinary clinics (MSIC) to children's rehabilitative services (CRS)-designated/CRS formerly designated members do not require prior authorization
- Only 1 health care professional may request services on a prior authorization request form
- Only medically necessary, cost-effective, 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 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.</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	<p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none"> Sustained an anaphylactic reaction to an unknown allergen Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <p>Prior authorization is required for allergy testing when it meets the criteria above.</p>				
Augmentative and alternative communication	Prior authorization is required for the codes listed.	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
Bariatric surgery	Prior authorization is required for the codes listed.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	<p>Prior authorization is required for inpatient admissions.</p> <p>Prior authorization is required for outpatient services listed. Second level review required by the division for out-of-state service requests.</p>	<p>For a full list of Behavioral Health prior authorization requirements, please visit providerexpress.com Behavioral Health Prior Authorization Code List by State (providerexpress.com)</p>			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required for the codes listed.	20975	20979	E0760	
Breast cancer (BRCA) genetic testing	<p>Prior authorization is required for the codes listed.</p> <p>Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.</p>	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the breast except for	Prior authorization is required for the codes listed.	11971 19328 19350 19367	19316 19330 19357 19368	19318 19340 19361 19369	19325 19342 19364 19370

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
after mastectomy		19371	19380	19396	L8600
Cancer supportive care	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442</p> <p>Filgrastim-aafi (Nivestym™) Q5110</p> <p>Filgrastim-ayow, biosimilar (Releuko®) Q5125</p> <p>Filgrastim-sndz (Zarxio®) Q5101</p> <p>Pegfilgrastim (Neulasta®) J2506</p> <p>Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447</p> <p>Trilaciclib (Cosela®) J1448</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p><u>Antiemetic drugs that requires prior authorization:</u></p> <p>J1456</p> <p>Colony Stimulating Factors J1449</p> <p>Erythropoiesis-Stimulating Agents J0885</p> <p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129.</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the 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 tool 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 is required.	93580			
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization is 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 is 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 HCPCS code <p>Please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129.</p>			
Circumcision	Routine circumcision is not a covered benefit. Prior authorization is required only 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 achieves conversational speech	For members younger than 21: Prior authorization is required for the codes listed.	69710	69714	69930	L8614
	For members 21 and older: <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.	L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization is required with Type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
Cosmetic and	Prior authorization is required for	11960	14020*	14021*	14041

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
reconstructive 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	the codes listed. Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	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					
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 is available through the medical prior authorization process.	To locate contracted health care professionals or vendors, please visit UHCprovider.com/AZcommunityplan > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.			
Durable medical equipment (DME) *Requires prior authorization regardless of dollar amount	Prior authorization is 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:	For services not covered by Preferred Homecare, please review the UnitedHealthcare Community Plan of Arizona Provider Manual for a list of contracted vendors related to DME products at UHCprovider.com/AZcommunityplan > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.			
		E0194	E0265	E0266	E0270
		E0445	E0457	E0465	E0466
		E0483	E0486	E0620	E0636
		E0638	E0641	E0642	E0656
	• Bone stimulators	E0669	E0670	E0675	E0693
	• Diabetic supplies	E0694	E0700	E0710	E0745
	• Enclosed beds	E0766	E0784	E0984	E0986
	• Insulin pumps	E1002	E1003	E1004	E1005
	• Percussion vests				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
DME (cont.)	<ul style="list-style-type: none"> Specialty beds Wound vacs 	E1006	E1007	E1008	E1009	
		E1010	E1030	E1035	E1036	
	Prosthetics are not DME – see orthotics and prosthetics		E1161	E1229	E1231	E1232
			E1233	E1234	E1235	E1236
			E1237	E1238	E1239	E1825
			E2100	E2227	E2228	E2230
			E2300	E2301	E2322	E2325
			E2327	E2329	E2331	E2351
			E2373	E2510*	E2511*	E2512*
			E2599*	E2626	E2627	E2628
			E2629	E2630	E8000	E8001
			E8002	K0005	K0008	K0013
			K0108	K0800	K0801	K0802
			K0806	K0807	K0808	K0812
			K0821	K0822	K0823	K0824
			K0825	K0826	K0827	K0828
			K0829	K0830	K0831	K0836
			K0837	K0838	K0839	K0840
			K0841	K0842	K0843	K0848
			K0849	K0850	K0851	K0852
			K0853	K0854	K0855	K0856
			K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864	
		K0868	K0869	K0870	K0871	
		K0877	K0878	K0879	K0880	
		K0884	K0885	K0886	K0890	
		K0891	S1040			

Enteral services/parenteral/oral
 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 AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10.

The Certificate of Medical Necessity for Commercial Oral 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 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 >



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

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 linked services)	Prior authorization is 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	36514	64722	66180
		A4638	A9274	E1831	G0276*
		G0293*	G2000*	S9988*	S9990*
		S9991*	S9992*	S9994*	S9996*
		*codes effective 5/1/2024			

Eye care/optometry	Benefits provided for members younger than 21:	For member eye care services, please call Nationwide Vision at 480-961-1702.			
	<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 				
	For members 21 and older:	Prior authorization is required when medically necessary to diagnose or treat diseases and conditions of the eye.			

Femoroacetabular impingement syndrome (FAI)	Prior authorization is required for the codes listed.	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization is required for the codes listed.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic testing	Prior authorization is required for all 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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		88275	88280	88283	88285
		88289	88291	88299	
		Biomarker Codes			
		81313	81327	81435	81490
Hearing aids and services	For members younger than 21: Prior authorization is not required.	92590	92591	92592	92593
Hearing evaluations and hearing aids	For members 21 and older: Prior authorization is required.	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 health care	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
Hospice	Prior authorization is required for the codes listed.				
Hysterectomy	Prior authorization is 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
		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 is required for all services not covered by Optum Infusion.	To request services and/or supplies, please call Optum Infusion 800-985-3059			
Injectable medications for in-home usage	Prior authorization is required for all medications not covered by Optum Infusion.	To request medications, please call Optum Infusion 800-985-3059			
Injectable medications	Prior authorization is required for the codes listed.	Actemra®			
		J3262			
	Do Not Start Case – direct health care professional using the information below:	Acthar			
		J0801			
		Adakveo®			
	To submit a prior authorization	J0791			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<p>request and for UnitedHealthcare commercial non-PAR health care professionals to submit a pre-determination request, you must log in to UHCprovider.com/priorauth Main Menu and select Submission and Status within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call Optum® Specialty Guidance Program (SGP): 877-881-7618</p>	<p>Aduhelm® J0172</p> <p>Amondys 45™ J1426</p> <p>Amvuttra™ J0225</p> <p>Apretude™ J0739</p> <p>Aralast NP, Prolastin-C, Zemaira J0256</p> <p>Avsola™ Q5121</p> <p>Benlysta J0490</p> <p>Berinert J0597</p> <p>Botulinum toxins J0585 J0586 J0587 J0588</p> <p>Brineura™ J0567</p> <p>Briumvi® J2329</p> <p>Cimerli® Q5128</p> <p>Cinqair® J2786</p> <p>Cortrophin Gel J0802</p> <p>Crysvita® J0584</p> <p>Cutaquig® J1551</p> <p>Daxxify® J0589</p> <p>Elevidys® J1413</p> <p>Elfabrio® J2508</p> <p>Enjaymo™ J1302</p> <p>Entyvio® J3380</p> <p>Esperoct®</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J7204			
		Evenity™			
		J3111			
		Evkeeza™			
		J1305			
		Eylea HD®			
		J0177			
		Fasenra™			
		J0517			
		Fensolvi®			
		J1951			
		Feraheme®			
		Q0138			
		Firmagon®			
		J9155			
		Fynetra®			
		Q5130			
		Gamifant®			
		J9210			
		Givlaari®			
		J0223			
		Glassia®			
		J0257			
		Hemgenix®			
		J1411			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Inflectra®			
		Q5103			
	Injectafer®				
	J1439				
	IVIG				
	J1459	J1554	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	Izervay®				
	J2782				
	Korsuva®				
	J0879				
	Krystexxa®				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)		J2507		
		Lamzedo®		
		J0217		
		Lanreotide®		
		J1932		
		Lemtrada®		
		J0202		
		Leqembi®		
		J0174		
		Leqvio®		
		J1306		
		Lupron Depot®		
		J1950		
		Lupron Depot, Eligard®		
		J9217		
		Makena®		
		J1726	J1729	J2675
		Mepsevii®		
		J3397		
		Monoferric®		
		J1437		
		Nexvazyme®		
		J0219		
		Nglazyme®		
		J1458		
		Nplate®		
		J2796		
		Nucala®		
		J2182		
		Ocrevus™		
	J2350			
	Octreotide Acetate			
	J2354			
	Onpattro™			
	J0222			
	Orencia®			
	J0129			
	Panzyga®			
	J1576			
	Parsabiv™			
	J0606			
	Pombiliti®			
	J1203			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Prolia® J0897 Qalsody® J1304 Radicava® J1301 Reblozyl® J0896 Releuko® Q5125 Remicade® J1745 Renflexis® Q5104 Riabni™ Q5123 Rituxan® J9312 Rituxan Hycela® J9311 Roctavian® J1412 Ruconest® J0596 Ruxience® Q5119 Ryplazim™ J2998 Rystiggo® J9333 Sandostatin® LAR J2353 Saphnelo® J0491 Scenesse® J7352 Sevenfact® J7212 Signifor® LAR J2502 Simponi Aria® J1602 Skyrizi®

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J2327			
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Somatuline® Depot				
	J1930				
	Spevigo®				
	J1747				
	Stelara®				
	J3358				
	Sublocade™				
	Q9991	Q9992			
	Supprelin® LA				
	J9226				
	Syfovre				
	J2781				
	Synagis				
	90378				
	Tepezza®				
	J3241				
	Tezspire™				
	J2356				
	Therapeutic Radiopharmaceuticals*				
	A9513	A9590	A9606	A9607	
	A9699				
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Tzield™				
	J9381				
Unclassified codes**					
C9094	C9149	C9157	C9160		
C9161	C9162	C9166	C9167		
C9168	C9399	J3490	J3590		
Uplizna®					
J1823					
Intravitreal Vascular Endothelial Growth Factor (VEGF)					
J0178	J0179	J2777	J2778		
J2779	Q5124	Q5128			
Veopoz®					
J9376					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		<p>Vimizim® J1322</p> <p>Vyepti™ J3032</p> <p>Vyvgart™ J9332</p> <p>Vyvgart Hytrulo® J9334</p> <p>Xembify® J1558</p> <p>Xenpozyme® J0218</p> <p>Zoladex® J9202</p> <p>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 and 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/policies > For Community Plans > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129.</p> <p>**For unclassified and temporary codes C9094, C9149, C9157, C9160, C9161, C9162, C9166, C9167, C9168, C9399, J3490 and J3590, prior authorization is only required for Adzynma, Cosentyx IV, Nulibry, Omvoh, Revcovi, Vabysmo, Vyjuvek</p>			
Inpatient admission and post-acute services	Notification is 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 is 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 is required.	To determine prior authorization requirements, please call LabCorp at 800-788-9743.			
Non-emergent air ambulance	Prior authorization is required for the codes listed.	A0430	A0431	A0435	A0436

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization						
transport								
Orthognathic surgery	Prior authorization is required for the codes listed.	21121	21123	21125	21127			
		21141	21142	21143	21145			
	Treatment of maxillofacial/jaw functional impairment	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 is required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462			
		L0464	L0480	L0482	L0484			
		L0486	L0624	L0629	L0631			
		L0632	L0634	L0636	L0637			
	For members younger than 21 with orthotic limitation:	<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 The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively 	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		
			For members 21 and older: AHCCCS orthotics coverage applies if:	<ul style="list-style-type: none"> 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 	L2106	L2108	L2126	L2136
					L2350	L2510	L2526	L2627
					L2628	L3230	L3265	L3649
					L3671	L3674	L3720	L3730
					L3740	L3763	L3764	L3900
					L3901	L3904	L3905	L3961
					L3971	L3975	L3976	L3977
	L3999	L4000			L4010	L4020		
	L4350	L4392			L4394	L4631		
	L5010	L5020			L5050	L5060		
	L5100	L5105			L5150	L5160		
	L5200	L5210			L5220	L5230		
	L5250	L5270			L5280	L5301		
	For members 21 and older with orthotic limitation:	<ul style="list-style-type: none"> Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic 			L5312	L5321	L5331	L5341
			L5400	L5420	L5460	L5500		
			L5505	L5510	L5520	L5530		
			L5535	L5540	L5560	L5570		
L5580			L5585	L5590	L5595			
Orthotics and prosthetics (cont.)								

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	serviceable and/or when the repair cost is less than purchasing another unit	L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
	The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	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
		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 is required for all out-of-network services.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Out-of-state services	Benefit only approved when service is emergent or unavailable in Arizona.				
Outpatient therapy	<p>For members younger than 21:</p> <p>Prior authorization is required for the codes listed.</p> <p>Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.</p> <p>For members 21 and older:</p> <p>Prior authorization is not required.</p> <p>Outpatient speech therapy is <u>not</u> a covered benefit.</p> <p>Occupational and physical therapy is covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:</p> <ul style="list-style-type: none"> • <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual restore a skill or level of function and maintain it • <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it <p>For Qualified Medicare Beneficiaries (QMB):</p> <p>Covered for unlimited visits when medically necessary</p>	92507	92508	92521	92522
		92523	92524	92526	97012
		97014	97016	97018	97022
		97026	97028	97033	97034
		97039	97110	97112	97113
		97116	97124	97140	97161
		97162	97163	97164	97165
		97166	97167	97168	97799
Pain injections and management	Prior authorization is required.	64490	64493		
Pharmacy drugs	<p>A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunity plan > Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization</p> <p>Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.</p> <p>The following hemophilia factor/ biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> • Aldurazyme® • Ceprotin® 	90378	J0224	J0717	J1290
		J1300	J1303	J1427	J1428
		J1429	J1786	J2326	J2357
		J2840	J3060	J3385	J3398
		J3399			
	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: 800-310-6826 Fax: 866-940-7328</p> <p>For specialty pharmacy prior authorization, please fax 866-940-7328.</p>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
-------------------------	------------------------	--	--	--	--

- Cerezyme®
- Cimzia®
- Cinryze®
- Elaprase®
- Exondys 51™
- Eluelyso®
- Fabrazyme®
- Juxtapid®
- Kalydeco®
- Kuvan®
- Kynamro®
- Lumizyme®
- Myozyme®
- Orfadin®
- Soliris®
- Spinraza™
- Synagis®
- VPRIV®
- Xolair®
- Zolgensma®

Fax forms are available at [UHCprovider.com/AZcommunityplan](https://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.

Potentially unproven services	Prior authorization is required.	33289		C2624	
--------------------------------------	----------------------------------	-------	--	-------	--

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

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 is required for the codes listed.	T1002	T1003		
-----------------------------	---	-------	-------	--	--



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Prostate procedures	Prior authorization is required.	37243 53852	52441 55873	52442 55874	53850
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization is required for the codes listed.	77520	77522	77523	77525
Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Health care professionals 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 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 tool on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p>			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization is required for the codes listed.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization is required for the codes listed.	29805 29820 29825	29806 29822 29826	29807 29823 29827	29819 29824 29828
Sinuplasty	Prior authorization is required for the codes listed.	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	<p>Prior authorization is only required when requesting service in an outpatient hospital setting.</p> <p>Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).</p>	<p>Auditory system 69205</p> <p>Cardiovascular system 36590 36832</p> <p>Carpal tunnel surgery 64721</p> <p>Cataract surgery 66821 66982 66984</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931</p> <p>Digestive system</p>			
Site of service (SOS) – outpatient hospital (cont.)					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
-------------------------	------------------------	--	--	--

42415	42440	43200	43236
43237	43238	43242	43245
43246	43247	43248	43251
43254	43255	43259	44360
44361	45171	45334	45335
45381	45390	45990	46020
46040	46050	46200	46220
46221	46250	46255	46261
46270	46275	46288	46505
46750	46910	46946	

ENT procedures

21320	30140	30520	69436
69631			

Eye and ocular adnexa

65710	65820	66250	66710
66711	66825	66986	66987
66988	67010	67041	67042
67105	67108	67113	67840
68110	68115	68320	68720
68815			

Female genital system

57240	57250	57461	57520
58561	58562		

Gynecologic procedures

57522	58353	58558	58563
58565			

Hemic and lymphatic systems

38500	38510	38525	
-------	-------	-------	--

Hernia repair

49505	49585	49587	49650
49651	49652	49653	49654
49655			

Integumentary system

10121	11440	11450	11624
11770	13121	15100	15120
15240	19020	19120	19125

Liver biopsy

47000			
-------	--	--	--

Male genital system

54840			
-------	--	--	--

Miscellaneous

Site of service (SOS) – outpatient hospital (cont.)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
-------------------------	------------------------	--	--	--

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	

Respiratory system

30802	30930	31525	31535
31536	31541	31624	

Tonsillectomy and 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 is required.
--	----------------------------------

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Sleep apnea procedures and surgeries	Prior authorization is required for the codes listed.	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Specialty/enclosed beds	Prior authorization is required for the codes listed.	E0250	E0251	E0255	E0256
		E0260	E0261	E0280	E0290
		E0291	E0292	E0293	E0294
		E0295	E0300	E0301	E0303
		E0315	E0316	E0328	E0329
		E0462			
Spinal surgery	Prior authorization is required for the codes listed.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	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	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0098T	22514*	
		*SOS applies			
Sterilization	Prior authorization is required.	52601	52630	52647	52648
		52649	55250	55801	55821
	Any member requesting sterilization <u>must</u> sign an appropriate consent for sterilization form.	55831	58600	58605	58611
		58615	58670	58671	58700
	For more information, please review AMPM Chapter 400, Section				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																																																														
	<p>420, Section E Sterilization at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization.</p> <p>The Consent to Sterilization form can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.</p>																																																																															
<p>Stimulators Implantation of a device that sends electrical impulses</p>	<p>Prior authorization is required.</p>	<p>Bone growth stimulator</p> <table border="0"> <tr> <td>E0747</td> <td>E0748</td> <td>E0749</td> <td></td> <td></td> </tr> <tr> <td colspan="5">Neurostimulator</td> </tr> <tr> <td>43648</td> <td>43882</td> <td>61863</td> <td>61864</td> <td></td> </tr> <tr> <td>61867</td> <td>61868</td> <td>61885</td> <td>61886</td> <td></td> </tr> <tr> <td>63650</td> <td>63655</td> <td>63685</td> <td>64553</td> <td></td> </tr> <tr> <td>64555</td> <td>64568</td> <td>64570</td> <td>64590</td> <td></td> </tr> <tr> <td>L8680</td> <td>L8682</td> <td>L8685</td> <td>L8686</td> <td></td> </tr> <tr> <td>L8687</td> <td>L8688</td> <td></td> <td></td> <td></td> </tr> </table>				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																																						
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																																																																															
<p>Transplant services</p>	<p>Prior authorization is required for the codes listed.</p> <p>Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.</p>	<p>For transplant and CAR T-Cell therapy services including Abecma® (idecaptive gene cicleucel), Breyanzi® (lisocabtagene maralucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.</p> <table border="0"> <tr> <td>32850</td> <td>32851</td> <td>32852</td> <td>32853</td> <td></td> </tr> <tr> <td>32854</td> <td>32855</td> <td>32856</td> <td>33930</td> <td></td> </tr> <tr> <td>33933</td> <td>33935</td> <td>33940</td> <td>33944</td> <td></td> </tr> <tr> <td>33945</td> <td>38208</td> <td>38209</td> <td>38210</td> <td></td> </tr> <tr> <td>38212</td> <td>38213</td> <td>38214</td> <td>38215</td> <td></td> </tr> <tr> <td>38232*</td> <td>38240</td> <td>38241</td> <td>38242</td> <td></td> </tr> <tr> <td>44132</td> <td>44133</td> <td>44135</td> <td>44136</td> <td></td> </tr> <tr> <td>44137</td> <td>44715</td> <td>44720</td> <td>44721</td> <td></td> </tr> <tr> <td>47133</td> <td>47135</td> <td>47140</td> <td>47141</td> <td></td> </tr> <tr> <td>47142</td> <td>47143</td> <td>47144</td> <td>47145</td> <td></td> </tr> <tr> <td>47146</td> <td>47147</td> <td>48551</td> <td>48552</td> <td></td> </tr> <tr> <td>48554</td> <td>50300</td> <td>50320</td> <td>50323</td> <td></td> </tr> <tr> <td>50325</td> <td>50340</td> <td>50360</td> <td>50365</td> <td></td> </tr> <tr> <td>50370</td> <td>50547</td> <td></td> <td></td> <td></td> </tr> </table> <p>CAR T-cell therapy:</p> <table border="0"> <tr> <td>0537T</td> <td>0538T</td> <td>0539T</td> <td>0540T</td> <td></td> </tr> </table>				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				0537T	0538T	0539T	0540T	
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																																																																															
0537T	0538T	0539T	0540T																																																																													

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		Temporary and Unclassified Codes**			
		C9399	J3490	J3590	
		**Casgevy, Lantidra, Lyfgenia			
Transportation	Transportation Prior authorization is required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Management (MTM) at 888-700-6822.			
Vein procedures	Prior authorization is required for the codes listed.	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
Ventricular assist devices	Prior authorization is 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.			
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 is required for the codes listed.	E2402			