

# Prior Authorization Requirements for Arizona Developmentally Disabled Medicaid

Effective May 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](https://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><b>For members younger than 21:</b><br/>Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p><b>For members ages 21 and older:</b><br/>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is <b>not</b> a</p> |  |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |                                  |                         |                         |
|---|--|--|----------------------------------|-------------------------|-------------------------|
| <b>Allergy immunotherapy (continued)</b>  | <p>covered benefit.</p> <p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none"> <li>• Sustained an anaphylactic reaction to an unknown allergen</li> <li>• Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc.</li> </ul> <p><b><u>Prior authorization is required for allergy testing when it meets the criteria above.</u></b></p> |  |                                  |                         |                         |
| <b>Augmentative and Alternative Communication</b>                                       | Prior authorization required for the codes listed  | 92607<br>E2500<br>E2508<br>E2599   | 92608<br>E2502<br>E2510<br>V5336 | 92609<br>E2504<br>E2511 | A9901<br>E2506<br>E2512 |
| <b>Bariatric surgery</b>  | Prior authorization required for the codes listed  | 43644<br>43775<br>43847  | 43645<br>43842<br>43848          | 43659<br>43845<br>43860 | 43770<br>43846          |
| <b>Behavioral health</b>  | <p>Prior authorization required for inpatient admissions</p> <p>Prior authorization required for outpatient services listed. Second level review required by the Division for Out of State service requests</p>  | <p>The following benefits and/or codes require prior authorization:</p> <ul style="list-style-type: none"> <li>• Acute inpatient admission</li> <li>• Applied behavior analysis (ABA)</li> <li>• Electroconvulsive therapy</li> <li>• Home care training client (S5109)</li> <li>• Out-of-state placement</li> <li>• Psychological testing</li> <li>• Behavioral health Residential Facility-Level II (Group home H0018)</li> <li>• Residential Treatment Center – Level 1</li> <li>• Transcranial magnetic stimulation</li> </ul> <p>For ABA Therapy, submit via fax or Provider Express.</p> |                                  |                         |                         |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures | Prior authorization required for the codes listed  | 20975  | 20979                            | E0760                   |                         |
| <b>BRCA genetic testing</b>   | <p>Prior authorization required for the codes listed</p> <p>Please direct all lab requests to LabCorp at <b>800-533-0567</b> for review and processing.</p>  | 81162<br>81166<br>81217  | 81163<br>81212<br>81432          | 81164<br>81215<br>81433 | 81165<br>81216          |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |   |   |   |
|---|--|--|---|---|---|
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the<br><b>Breast reconstruction (non-mastectomy) (continued)</b><br>breast except for after mastectomy | Prior authorization required for the codes listed  | 11971<br>19328<br>19350<br>19367<br>19371  | 19316<br>19330<br>19357<br>19368<br>19380 | 19318<br>19340<br>19361<br>19369<br>19396 | 19325<br>19342<br>19364<br>19370<br>L8600 |
| <b>Cancer supportive care</b>   | Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis | <p data-bbox="748 518 1425 575"><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p data-bbox="748 581 1019 615"><b>Filgrastim (Neupogen®)</b></p> <p data-bbox="748 621 834 651">J1442</p> <p data-bbox="748 657 1068 690"><b>Filgrastim-aafi (Nivestym™)</b></p> <p data-bbox="748 697 839 726">Q5110</p> <p data-bbox="748 732 1036 766"><b>Filgrastim-sndz (Zarxio®)</b></p> <p data-bbox="748 772 837 802">Q5101</p> <p data-bbox="748 808 1037 842"><b>Pegfilgrastim (Neulasta®)</b></p> <p data-bbox="748 848 834 877">J2506</p> <p data-bbox="748 884 1224 917"><b>Pegfilgrastim-appgf, biosimilar (Nyvepria®)</b></p> <p data-bbox="748 924 849 953">Q5122</p> <p data-bbox="748 959 1117 993"><b>Pegfilgrastim-bmez (Ziextenzo®)</b></p> <p data-bbox="748 999 839 1029">Q5120</p> <p data-bbox="748 1035 1130 1068"><b>Pegfilgrastim-cbqv (UDENYCA™)</b></p> <p data-bbox="748 1075 837 1104">Q5111</p> <p data-bbox="748 1110 1105 1144"><b>Pegfilgrastim-jmdb (Fulphila™)</b></p> <p data-bbox="748 1150 839 1180">Q5108</p> <p data-bbox="748 1186 1037 1220"><b>Sargramostim (Leukine®)</b></p> <p data-bbox="748 1226 834 1255">J2820</p> <p data-bbox="748 1262 1021 1295"><b>Tbo-filgrastim (Granix®)</b></p> <p data-bbox="748 1302 834 1331">J1447</p> <p data-bbox="748 1337 979 1371"><b>Trilaciclib (Cosela®)</b></p> <p data-bbox="748 1377 834 1407">J1448</p> <p data-bbox="748 1413 1187 1446"><b>Filgrastim-ayow, biosimilar (Releuko®)</b></p> <p data-bbox="748 1453 824 1482">Q5125</p> <p data-bbox="748 1530 1382 1564"><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p data-bbox="748 1570 995 1604"><b>Denosumab (Xgeva®)</b></p> <p data-bbox="748 1610 834 1640">J0897</p> <p data-bbox="748 1667 1414 1858">For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p> |   |   |   |
| <b>Cardiology</b>   | Prior authorization required for   | For prior authorization, please submit requests online by using  |   |   |   |

| Procedures and Services  | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |                |                |                |
|--|---|--|----------------|----------------|----------------|
| <b>Cardiology (continued)</b>  | participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology and stress echoes prior to performance   | the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>866-889-8054</b> .<br><br>For more details and the CPT codes that require prior authorization, please visit: <a href="https://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program  |                |                |                |
| <b>Cardiovascular</b>  | Prior authorization required  | 93580  |                |                |                |
| <b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>  | Prior authorization required for inpatient services   | 95700  | 95711          | 95712          | 95713          |
|  | Prior authorization is not required for outpatient hospital or ambulatory surgical center   | 95714  | 95715          | 95716          | 95718          |
|  |   | 95720  | 95722          | 95724          | 95726          |
| <b>Chemotherapy</b>  | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis   | <b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>Please submit requests online by using the Prior Authorization and Notification on UnitedHealthcare Provider Portal.. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p> |                |                |                |
| <b>Circumcision</b>  | Routine circumcision is <b>not</b> a covered benefit. Prior authorization required <b>only</b> for cases with documented medical necessity  | 54150  | 54160          | 54161          | 54162          |
| <b>Cochlear and other auditory implants</b>  | <p><b>For members younger than 21:</b><br/>Prior authorization required for the codes listed</p> <p><b>For members ages 21 and older:</b></p> <ul style="list-style-type: none"> <li>Prior authorization required for supplies, equipment maintenance and repair of component parts</li> <li>Hardware is <b>not</b> a covered benefit.</li> </ul> <p>Clinical documentation <b>must</b> accompany and establish medical necessity for this service request.</p> | 69710<br>L8619   | 69714<br>L8690 | 69930<br>L8691 | L8614<br>L8692 |
| A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieves conversational speech |   |  |                |                |                |
| <b>Continuous glucose monitor</b>  | Prior authorization required with Type 2 Diabetes Diagnosis   | A4226<br>A9277<br>E2103  | A4238<br>A9278 | A4239<br>E0787 | A9276<br>E2102 |

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

|   |   |        |        |        |       |
|---|---|--------|--------|--------|-------|
| <b>Cosmetic and reconstructive</b><br>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function<br><br>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 <b>excluded</b> from AHCCCS coverage. | 11960  | 14020* | 14021* | 14041 |
|   |   | 14061* | 15823  | 15830  | 15847 |
|   |   | 17106  | 17107  | 17108  | 17999 |
|   |   | 21137  | 21138  | 21139  | 21172 |
|   |   | 21175  | 21179  | 21180  | 21181 |
|   |   | 21182  | 21183  | 21184  | 21230 |
|   |   | 21235  | 21256  | 21275  | 21280 |
|   |   | 21282  | 21295  | 21740  | 21742 |
|   |   | 21743  | 28344  | 30620  | 67900 |
|   |   | 67901  | 67902  | 67903  | 67904 |
|   |   | 67906  | 67908  | 67909  | 67911 |
|   |   | 67912  | 67914  | 67915  | 67916 |
|   |   | 67917  | 67921  | 67922  | 67923 |

\*will NOT require prior auth when billed with skin cancer diagnosis

**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)**

Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500

**\*Requires Prior Authorization regardless of dollar amount**

To request DME items, please call Preferred Homecare at **800-636-2123**.

For services not covered by Preferred Homecare, please review UnitedHealthcare Community Plan's Provider Manual for a list of contracted vendors related to DME products at **UHCprovider.com/AZcommunityplan > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans**.

|   |       |       |       |       |
|---|-------|-------|-------|-------|
| These DME items are <u>not</u> covered by Preferred Homecare: | E0194 | E0265 | E0266 | E0270 |
|   | E0300 | E0445 | E0457 | E0460 |
|   | E0465 | E0466 | E0483 | E0486 |
|   | E0620 | E0636 | E0638 | E0641 |
| • Bone stimulators  | E0642 | E0656 | E0669 | E0670 |
| • Diabetic supplies   | E0675 | E0693 | E0694 | E0700 |
| • Enclosed beds   | E0710 | E0745 | E0766 | E0784 |
| • Insulin pumps   | E0984 | E0986 | E1002 | E1003 |
| • Percussion vests  |       |       |       |       |

| Procedures and Services                            | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |        |        |        |
|--|--|--|--------|--------|--------|
| <b>Durable medical equipment (DME) (continued)</b> | <ul style="list-style-type: none"> <li>Specialty beds</li> <li>Wound vacs</li> </ul> | E1004  | E1005  | E1006  | E1007  |
|  |  | E1008  | E1009  | E1010  | E1030  |
|  | Prosthetics are not DME – see <i>Orthotics and prosthetics</i>                       | E1035  | E1036  | E1161  | E1229  |
|  |  | E1231  | E1232  | E1233  | E1234  |
|  |  | E1235  | E1236  | E1237  | E1238  |
|  |  | E1239  | E1825  | E2100  | E2227  |
|  |  | E2228  | E2230  | E2300  | E2301  |
|  |  | E2322  | E2325  | E2327  | E2329  |
|  |  | E2331  | E2351  | E2373  | *E2510 |
|  |  | *E2511   | *E2512 | *E2599 | E2626  |
|  |  | E2627  | E2628  | E2629  | E2630  |
|  |  | E8000  | E8001  | E8002  | K0005  |
|  |  | K0008  | K0013  | K0108  | K0800  |
|  |  | K0801  | K0802  | K0806  | K0807  |
|  |  | K0808  | K0812  | K0821  | K0822  |
|  |  | K0823  | K0824  | K0825  | K0826  |
|  |  | K0827  | K0828  | K0829  | K0830  |
|  |  | K0831  | K0836  | K0837  | K0838  |
|  |  | K0839  | K0840  | K0841  | K0842  |
|  |  | K0843  | K0848  | K0849  | K0850  |
|  |  | K0851  | K0852  | K0853  | K0854  |
|  | K0855  | K0856  | K0857  | K0858  |        |
|  | K0859  | K0860  | K0861  | K0862  |        |
|  | K0863  | K0864  | K0868  | K0869  |        |
|  | K0870  | K0871  | K0877  | K0878  |        |
|  | K0879  | K0880  | K0884  | K0885  |        |
|  | K0886  | K0890  | K0891  | S1040  |        |

**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](http://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](http://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](http://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](http://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.

|   |  |       |       |       |       |
|---|--|-------|-------|-------|-------|
| <b>Experimental or investigational (and/or linked services)</b> | Prior authorization required for all services considered experimental and/or investigational<br>For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> > 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 |       |

|                           |   |  |  |  |  |
|---------------------------|---|--|--|--|--|
| <b>Eye care/optometry</b> | <b>Benefits provided for members younger than 21:</b>   | For member eye care services, please call Nationwide Vision at <b>800-481-2779</b> . |  |  |  |
|                           | <ul style="list-style-type: none"> <li>• One routine eye exam every 12 months</li> <li>• Regular single vision bifocal or trifocal polycarbonate lenses</li> <li>• Frame for up to \$79.99 retail price</li> <li>• One replacement pair of glasses if lost, stolen or damaged</li> <li>• Members may pay the difference for a more expensive pair of glasses but must sign a waiver provided by Nationwide Vision.</li> </ul> |  |  |  |  |
|                           | <b>For members ages 21 and older:</b><br>Prior authorization required when medically necessary to diagnose or treat diseases and conditions of the eye  |  |  |  |  |

|  |   |       |       |       |  |
|--|---|-------|-------|-------|--|
| <b>Femoroacetabular impingement syndrome (FAI)</b> | Prior authorization required for the codes listed | 29914 | 29915 | 29916 |  |
|--|---|-------|-------|-------|--|

|   |   |       |       |       |       |
|---|---|-------|-------|-------|-------|
| <b>Functional endoscopic sinus surgery (FESS)</b> | Prior authorization required for the codes listed | 31240 | 31253 | 31254 | 31255 |
|   |   | 31256 | 31257 | 31259 | 31267 |
|   |   | 31276 | 31287 | 31288 |       |

|                        |   |       |       |       |       |
|------------------------|---|-------|-------|-------|-------|
| <b>Genetic testing</b> | Prior authorization required for all services not covered by LabCorp                        | 81265 | 81302 | 81321 | 81323 |
|                        |   | 81325 | 81401 | 81403 | 81404 |
|                        | To determine prior authorization requirements, please call LabCorp at <b>800-788-9743</b> . | 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   |       |       |       |
|---|--|--|-------|-------|-------|
| Genetic testing (cont.)   |  | 88275  | 88280 | 88283 | 88285 |
|   |  | 88289  | 88291 | 88299 |       |
| Hearing aids and services<br>Hearing evaluations and hearing aids | <b>For members younger than 21:</b><br>Prior authorization not required  | 92590  | 92591 | 92592 | 92593 |
|   |  | 92594  | 92595 | V5010 | V5011 |
|   | <b>For members ages 21 and older:</b><br>Prior authorization required  | V5014  | V5030 | V5040 | V5050 |
|   |  | V5060  | V5095 | V5100 | V5120 |
|   |  | V5190  | V5230 | V5242 | V5243 |
|   |  | V5244  | V5245 | V5246 | V5247 |
|   |  | V5248  | V5249 | V5250 | V5251 |
|   |  | V5252  | V5253 | V5254 | V5255 |
|   |  | V5256  | V5257 | V5258 | V5259 |
|   |  | V5260  | V5261 | V5262 | V5263 |
|   | V5267  | V5298  |       |       |       |
| Home health care  | 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 <b>800-636-2123</b> .                |       |       |       |
| 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 <b>888-705-4470</b>                      |       |       |       |
| Injectable medications for in-home usage                          | Prior authorization required for all medications not covered by Optum Infusion   | To request medications, please call Optum Infusion <b>888-705-4470</b>                                   |       |       |       |
| Injectable medications  | Prior authorization required for the codes listed  | <b>Actemra®</b><br>J3262   |       |       |       |
|   | <b>Do Not Start Case – Direct Provider using the information below:</b><br><br>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 | <b>Adakveo®</b><br>J0791<br><b>Amondys 45™</b><br>J1426<br><b>Amvuttra™</b><br>J0225<br><b>Apretude™</b> |       |       |       |



| Procedures and Services                   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |  |  |                         |
|---|---|--|--|--|-------------------------|
| <b>Injectable medications (continued)</b> | <p>follow this pathway:<br/>           Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call <b>Optum SGP (Specialty Guidance Program):</b><br/>           1-888-397-8129</p> | J0739<br><b>Aralast NP, Prolastin-C, Zemaira</b><br>J0256<br><b>Avsola™</b><br>Q5121<br><b>Benlysta</b><br>J0490<br><b>Berinert</b><br>J0597<br><b>Botulinum toxins</b><br>J0585<br><b>Brineura™</b><br>J0567<br><b>Cabenuva™</b><br>J0741<br><b>Cinqair®</b><br>J2786<br><b>Crysvita®</b><br>J0584<br><b>Cutaquig®</b><br>J1551<br><b>Enjaymo™</b><br>J1302<br><b>Entyvio®</b><br>J3380<br><b>Esperoct®</b><br>J7204<br><b>Evenity™</b><br>J3111<br><b>Evkeeza™</b><br>J1305<br><b>Fasenra™</b><br>J0517<br><b>Fensolvi®</b><br>J1951<br><b>Feraheme®</b><br>Q0138<br><b>Firmagon®</b><br>J9155<br><b>Fylintra®</b><br>Q5130<br><b>Gamifant®</b><br>J9210 |  |  | J0586<br>J0587<br>J0588 |

| Procedures and Services            | Additional Information        | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |  |
|------------------------------------|-------------------------------|--|-------|-------|--|
| Injectable medications (continued) | <b>Givlaari®</b>              |  |       |       |  |
|                                    | J0223                         |  |       |       |  |
|                                    | <b>Glassia®</b>               |  |       |       |  |
|                                    | J0257                         |  |       |       |  |
|                                    | <b>Hemgenix®</b>              |  |       |       |  |
|                                    | J1411                         |  |       |       |  |
|                                    | <b>Ilaris®</b>                |  |       |       |  |
|                                    | J0638                         |  |       |       |  |
|                                    | <b>Ilumya™</b>                |  |       |       |  |
|                                    | J3245                         |  |       |       |  |
|                                    | <b>Inflectra®</b>             |  |       |       |  |
|                                    | Q5103                         |  |       |       |  |
|                                    | <b>Injectafer®</b>            |  |       |       |  |
|                                    | J1439                         |  |       |       |  |
|                                    | <b>IVIG</b>                   |  |       |       |  |
|                                    | J1459                         | J1554  | J1555 | J1556 |  |
|                                    | J1557                         | J1559  | J1561 | J1566 |  |
|                                    | J1568                         | J1569  | J1572 | J1575 |  |
|                                    | J1599                         |  |       |       |  |
|                                    | <b>Korsuva®</b>               |  |       |       |  |
|                                    | J0879                         |  |       |       |  |
|                                    | <b>Krystexxa®</b>             |  |       |       |  |
|                                    | J2507                         |  |       |       |  |
|                                    | <b>Lanreotide®</b>            |  |       |       |  |
|                                    | J1932                         |  |       |       |  |
|                                    | <b>Lemtrada®</b>              |  |       |       |  |
|                                    | J0202                         |  |       |       |  |
|                                    | <b>Leqvio®</b>                |  |       |       |  |
|                                    | J1306                         |  |       |       |  |
|                                    | <b>Lupron Depot®</b>          |  |       |       |  |
|                                    | J1950                         |  |       |       |  |
|                                    | <b>Lupron Depot, Eligard®</b> |  |       |       |  |
| J9217                              |                               |  |       |       |  |
| <b>Makena®</b>                     |                               |  |       |       |  |
| J1726                              | J1729                         | J2675  |       |       |  |
| <b>Mepsevii®</b>                   |                               |  |       |       |  |
| J3397                              |                               |  |       |       |  |
| <b>Monoferric®</b>                 |                               |  |       |       |  |
| J1437                              |                               |  |       |       |  |
| <b>Nexviazyme®</b>                 |                               |  |       |       |  |
| J0219                              |                               |  |       |       |  |
| <b>Nglazyme®</b>                   |                               |  |       |       |  |
| J1458                              |                               |  |       |       |  |

| Procedures and Services            | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |
|------------------------------------|------------------------|--|
| Injectable medications (continued) |                        | <b>Nplate®</b><br>J2796<br><b>Nucala®</b><br>J2182<br><b>Ocrevus™</b><br>J2350<br><b>Octreotide Acetate</b><br>J2354<br><b>Onpattro™</b><br>J0222<br><b>Orencia®</b><br>J0129<br><b>Parsabiv™</b><br>J0606<br><b>Probuphine®</b><br>J0570<br><b>Prolia®</b><br>J0897<br><b>Radicava®</b><br>J1301<br><b>Reblozyl®</b><br>J0896<br><b>Releuko®</b><br>Q5125<br><b>Remicade®</b><br>J1745<br><b>Renflexis®</b><br>Q5104<br><b>Riabni™</b><br>Q5123<br><b>Rituxan®</b><br>J9312<br><b>Rituxan Hycela®</b><br>J9311<br><b>Ruconest®</b><br>J0596<br><b>Ruxience®</b><br>Q5119<br><b>Ryplazim™</b><br>J2998<br><b>Sandostatin® LAR</b><br>J2353<br><b>Saphnelo®</b> |

| Procedures and Services            | Additional Information                     | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |  |
|------------------------------------|--|--|-------|-------|--|
| Injectable medications (continued) | J0491                                      |  |       |       |  |
|                                    | <b>Scenesse®</b>                           |  |       |       |  |
|                                    | J7352                                      |  |       |       |  |
|                                    | <b>Sevenfact®</b>                          |  |       |       |  |
|                                    | J7212                                      |  |       |       |  |
|                                    | <b>Signifor® LAR</b>                       |  |       |       |  |
|                                    | J2502                                      |  |       |       |  |
|                                    | <b>Simponi Aria®</b>                       |  |       |       |  |
|                                    | J1602                                      |  |       |       |  |
|                                    | <b>Skyrizi®</b>                            |  |       |       |  |
|                                    | J2327                                      |  |       |       |  |
|                                    | <b>Sodium Hyaluronate</b>                  |  |       |       |  |
|                                    | J7320                                      | J7321  | J7322 | J7324 |  |
|                                    | J7325                                      | J7326  | J7327 | J7329 |  |
|                                    | J7331                                      | J7332  |       |       |  |
|                                    | <b>Somatuline® Depot</b>                   |  |       |       |  |
|                                    | J1930                                      |  |       |       |  |
|                                    | <b>Spevigo®</b>                            |  |       |       |  |
|                                    | J1747                                      |  |       |       |  |
|                                    | <b>Spravato™</b>                           |  |       |       |  |
|                                    | S0013                                      |  |       |       |  |
|                                    | <b>Stelara®</b>                            |  |       |       |  |
|                                    | J3358                                      |  |       |       |  |
|                                    | <b>Sublocade™</b>                          |  |       |       |  |
|                                    | Q9991                                      | Q9992  |       |       |  |
|                                    | <b>Supprelin® LA</b>                       |  |       |       |  |
|                                    | J9226                                      |  |       |       |  |
|                                    | <b>Tepezza®</b>                            |  |       |       |  |
|                                    | J3241                                      |  |       |       |  |
|                                    | <b>Tezspire™</b>                           |  |       |       |  |
|                                    | J2356                                      |  |       |       |  |
|                                    | <b>Therapeutic Radiopharmaceuticals***</b> |  |       |       |  |
| A9513                              | A9590                                      | A9606  | A9607 |       |  |
| A9699                              |  |  |       |       |  |
| <b>Trelstar®</b>                   |  |  |       |       |  |
| J3315                              |  |  |       |       |  |
| <b>Triptodur®</b>                  |  |  |       |       |  |
| J3316                              |  |  |       |       |  |
| <b>Trogarzo™</b>                   |  |  |       |       |  |
| J1746                              |  |  |       |       |  |
| <b>Unclassified codes**</b>        |  |  |       |       |  |
| C9094                              | C9149                                      | J3490  | J3590 |       |  |
| <b>Uplizna®</b>                    |  |  |       |       |  |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
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| Injectable medications (continued)  |       | J1823   |       |       |       |
|   |       | <b>Intravitreal Vascular Endothelial Growth Factor (VEGF)</b> |       |       |       |
|   |       | J0178   | J0179 | J2777 | J2778 |
|   |       | J2779   | Q5124 | Q5128 |       |
|   |       | <b>Vimizim®</b>   |       |       |       |
|   |       | J1322   |       |       |       |
|   |       | <b>Vyepti™</b>  |       |       |       |
|   |       | J3032   |       |       |       |
|   |       | <b>Vyvgart™</b>   |       |       |       |
|   |       | J9332   |       |       |       |
|   |       | <b>Xembify®</b>   |       |       |       |
|   |       | J1558   |       |       |       |
|   |       | <b>Xenpozyme®</b>   |       |       |       |
|   |       | J0218   |       |       |       |
|   |       | <b>Zoladex®</b>   |       |       |       |
|   | J9202 |   |       |       |       |
| <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p><b>** For unclassified and temporary codes C9094, C9149, J3490 and J3590, prior authorization is only required for Nulibry, Purified Cortrophin Gel™, Revcovi,, Ryplazim, Tzield, Vabysmo™</b></p> <p><b>***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</b></p> |       |   |       |       |       |

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|--|--------------------------------------|--|--|--|--|
| <b>Inpatient admission and post acute services</b> | Notification required for admissions | Inpatient admissions/post acute services: Prior authorization and notification of admission date required for these facilities. <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul> |  |  |  |
|--|--------------------------------------|--|--|--|--|

|  |  |       |       |       |       |
|--|--|-------|-------|-------|-------|
| <b>Joint replacement</b><br>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 |       |       |       |

|                            |                              |  |
|----------------------------|------------------------------|--|
| <b>Laboratory services</b> | Prior authorization required | To determine prior authorization requirements, please call |
|----------------------------|------------------------------|--|

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
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LabCorp at 800-788-9743.

|  |   |       |       |       |       |
|--|---|-------|-------|-------|-------|
| <b>Non-emergent air ambulance transport</b>          | Prior authorization required for the codes listed   | A0430 | A0431 | A0435 | A0436 |
| <b>Orthognathic surgery</b>                          | Prior authorization required for the codes listed   | 21121 | 21123 | 21125 | 21127 |
| Treatment of maxillofacial/jaw functional impairment |   | 21141 | 21142 | 21143 | 21145 |
|  |   | 21146 | 21147 | 21150 | 21151 |
|  |   | 21154 | 21155 | 21159 | 21160 |
|  |   | 21188 | 21193 | 21194 | 21195 |
|  |   | 21196 | 21198 | 21199 | 21206 |
|  |   | 21208 | 21209 | 21210 | 21215 |
|  |   | 21240 | 21242 | 21244 | 21245 |
|  |   | 21246 | 21247 | 21248 | 21249 |
|  |   | 21255 | 21296 | 21299 |       |
| <b>Orthotics and prosthetics</b>                     | Prior authorization required for 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 |
|  | <b><u>For members younger than 21 with orthotic limitation:</u></b>   | L0632 | L0634 | L0636 | L0637 |
|  | • 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. | L0638 | L0640 | L0700 | L0710 |
|  |   | L0810 | L0820 | L0830 | L0859 |
|  |   | L0861 | L1000 | L1005 | L1200 |
|  |   | L1300 | L1310 | L1499 | L1680 |
|  |   | L1685 | L1700 | L1710 | L1720 |
|  |   | L1730 | L1755 | L1820 | L1830 |
|  | • The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.                            | L1831 | L1832 | L1834 | L1836 |
|  |   | L1840 | L1844 | L1845 | L1846 |
|  |   | L1847 | L1850 | L1860 | L1945 |
|  |   | L1950 | L1970 | L2000 | L2005 |
|  |   | L2010 | L2020 | L2030 | L2034 |
|  | <b><u>For members ages 21 and older:</u></b>  | L2036 | L2037 | L2038 | L2060 |
|  | AHCCCS orthotics coverage applies if:   | L2106 | L2108 | L2126 | L2136 |
|  | • The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.   | L2350 | L2510 | L2526 | L2627 |
|  |   | L2628 | L3230 | L3265 | L3649 |
|  |   | L3671 | L3674 | L3720 | L3730 |
|  |   | L3740 | L3763 | L3764 | L3900 |
|  | • The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.   | L3901 | L3904 | L3905 | L3961 |
|  |   | L3971 | L3975 | L3976 | L3977 |
|  |   | L3999 | L4000 | L4010 | L4020 |
|  | • The orthotic is ordered by a physician or primary care provider.  | L4350 | L4392 | L4394 | L4631 |
|  |   | L5010 | L5020 | L5050 | L5060 |
|  |   | L5100 | L5105 | L5150 | L5160 |
|  |   | L5200 | L5210 | L5220 | L5230 |
|  | <b><u>For members ages 21 and older with orthotic limitation:</u></b>   | L5250 | L5270 | L5280 | L5301 |
|  |   | L5312 | L5321 | L5331 | L5341 |
|  | • Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic   | L5400 | L5420 | L5460 | L5500 |
|  |   | L5505 | L5510 | L5520 | L5530 |
|  |   | L5535 | L5540 | L5560 | L5570 |

| Procedures and Services               | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---------------------------------------|--|--|-------|-------|-------|
| Orthotics and prosthetics (continued) | serviceable and/or when the repair cost is less than purchasing another unit.  | L5580  | L5585 | L5590 | L5595 |
|                                       |  | L5600  | L5610 | L5613 | L5614 |
|                                       | The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively. | L5616  | L5639 | L5640 | L5642 |
|                                       |  | L5643  | L5644 | L5646 | L5647 |
|                                       |  | L5648  | L5649 | L5651 | L5653 |
|                                       |  | L5661  | L5673 | L5682 | L5683 |
|                                       |  | L5700  | L5702 | L5703 | L5705 |
|                                       |  | L5706  | L5716 | L5718 | L5722 |
|                                       |  | L5724  | L5726 | L5728 | L5780 |
|                                       |  | L5790  | L5795 | L5811 | L5812 |
|                                       |  | L5814  | L5816 | L5818 | L5822 |
|                                       |  | L5824  | L5826 | L5828 | L5830 |
|                                       |  | L5845  | L5848 | L5857 | L5858 |
|                                       |  | L5930  | L5950 | L5960 | L5961 |
|                                       |  | L5962  | L5964 | L5966 | L5968 |
|                                       |  | L5976  | L5979 | L5980 | L5981 |
|                                       |  | L5982  | L5984 | L5986 | L5987 |
|                                       |  | L5988  | L5990 | L5999 | L6000 |
|                                       |  | L6010  | L6020 | L6050 | L6055 |
|                                       |  | L6100  | L6110 | L6120 | L6130 |
|                                       |  | L6200  | L6205 | L6250 | L6300 |
|                                       |  | L6310  | L6320 | L6350 | L6360 |
|                                       |  | L6370  | L6380 | L6382 | L6384 |
|                                       |  | L6400  | L6450 | L6500 | L6550 |
|                                       |  | L6570  | L6580 | L6582 | L6584 |
|                                       |  | L6586  | L6588 | L6590 | L6621 |
|                                       |  | L6623  | L6624 | L6646 | L6648 |
|                                       |  | L6686  | L6687 | L6689 | L6690 |
|                                       |  | L6692  | L6693 | L6694 | L6695 |
|                                       |  | L6696  | L6697 | L6704 | L6707 |
|                                       |  | L6708  | L6709 | L6711 | L6712 |
|                                       | L6713  | L6714  | L6881 | L6882 |       |
|                                       | L6883  | L6884  | L6885 | L6895 |       |
|                                       | L6900  | L6905  | L6910 | L6915 |       |
|                                       | L6920  | L6925  | L6930 | L6935 |       |
|                                       | L6940  | L6945  | L6950 | L6955 |       |
|                                       | L6960  | L6965  | L6970 | L6975 |       |
|                                       | L7007  | L7008  | L7009 | L7040 |       |
|                                       | L7045  | L7170  | L7180 | L7181 |       |
|                                       | L7185  | L7186  | L7190 | L7191 |       |
|                                       | L7405  | L8040  | L8042 | L8043 |       |
|                                       | L8044  | L8045  | L8046 | L8047 |       |
|                                       | L8499  | L8609  | L8610 | L8612 |       |
|                                       | L8631  | L8659  |       |       |       |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
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| <b>Out-of-network</b> | Prior authorization required for all out-of-network services |  |  |  |  |
|-----------------------|--|--|--|--|--|

|                              |   |  |  |  |  |
|------------------------------|---|--|--|--|--|
| <b>Out-of-state services</b> | Benefit only approved when service is emergent or unavailable in the state of Arizona |  |  |  |  |
|------------------------------|---|--|--|--|--|

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|--|---|-------|-------|-------|-------|--|
| <b>Outpatient therapy</b>  | <b><u>For members younger than 21:</u></b>  | 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. <b>No benefit limits apply.</b> | 97039 | 97110 | 97112 | 97113 |  |
|  |   | 97116 | 97124 | 97140 | 97161 |  |
|  |   | 97162 | 97163 | 97164 | 97165 |  |
|  | <b><u>For members ages 21 and older:</u></b>  | 97166 | 97167 | 97168 | 97799 |  |
|  | Prior authorization not required  |       |       |       |       |  |
|  | <b>Outpatient speech therapy is <u>not</u> a covered benefit.</b>   |       |       |       |       |  |
| Occupational and physical therapy is covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:  |   |       |       |       |       |  |
| <ul style="list-style-type: none"> <li>• <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.</li> <li>• <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.</li> </ul> |   |       |       |       |       |  |
| <b><u>For Qualified Medicare Beneficiaries (QMB):</u></b>  |   |       |       |       |       |  |
| Covered for unlimited visits when medically necessary  |   |       |       |       |       |  |

|                                       |                              |       |       |  |  |
|---------------------------------------|------------------------------|-------|-------|--|--|
| <b>Pain injections and management</b> | Prior authorization required | 64490 | 64493 |  |  |
|---------------------------------------|------------------------------|-------|-------|--|--|

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| <b>Pharmacy drugs</b> | A list of medications requiring prior authorization is available at <b><a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunity plan</a></b> > Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization | 90378 | J0224 | J0717 | J0800 |
|                       |   | 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.**

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

The following hemophilia factor/biotech drugs are included

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



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
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|                               |  |   |
|-------------------------------|--|---|
| <b>Pharmacy drugs (cont.)</b> | <p>on the prior authorization list:</p> <ul style="list-style-type: none"> <li>• Acthar® gel</li> <li>• Aldurazyme®</li> <li>• Ceprotin®</li> <li>• Cerezyme®</li> <li>• Cimzia®</li> <li>• Cinryze®</li> <li>• Elaprase®</li> <li>• Exondys 51™</li> <li>• Elelyso®</li> <li>• Fabrazyme®</li> <li>• Juxtapid®</li> <li>• Kalydeco®</li> <li>• Kuvan®</li> <li>• Kynamro®</li> <li>• Lumizyme®</li> <li>• Myozyme®</li> <li>• Orfadin®</li> <li>• Soliris®</li> <li>• Spinraza™</li> <li>• Synagis®</li> <li>• VPRIV®</li> <li>• Xolair®</li> <li>• Zolgensma®</li> </ul> | <p>For specialty pharmacy prior authorization, please fax <b>866-940-7328</b>.</p> <p>Fax forms are available at <b>UHCprovider.com/AZcommunityplan</b> &gt; Pharmacy Resources and Physician Administered Drugs &gt; Pharmacy Prior Authorization &gt; Pharmacy Prior Authorization Forms. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.</p> |
|-------------------------------|--|---|

|                                      |                              |       |       |
|--------------------------------------|------------------------------|-------|-------|
| <b>Potentially Unproven Services</b> | Prior authorization required | 33289 | C2624 |
|--------------------------------------|------------------------------|-------|-------|

|                              |  |                |                |                |                |
|------------------------------|--|----------------|----------------|----------------|----------------|
| <b>Pregnancy termination</b> | Prior authorization required for the codes listed. | 59840<br>59852 | 59841<br>59855 | 59850<br>59856 | 59851<br>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.

|                             |   |       |       |
|-----------------------------|---|-------|-------|
| <b>Private duty nursing</b> | Prior authorization required for the codes listed | T1002 | T1003 |
|-----------------------------|---|-------|-------|

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |                         |                         |                         |
|---|---|--|-------------------------|-------------------------|-------------------------|
| <b>Prostate procedures</b>  | Prior authorization required  | 37243<br>53852   | 52441<br>55866          | 52442<br>55873          | 53850<br>55874          |
| <b>Proton beam therapy</b><br>Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | Prior authorization required for the codes listed   | 77520  | 77522                   | 77523                   | 77525                   |
| <b>Radiology</b>  | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul> | <p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Radiology Prior Authorization and Notification Program.</p> |                         |                         |                         |
| <b>Rhinoplasty and septoplasty</b><br>Treatment of nasal functional impairment and septal deviation                             | Prior authorization required for the codes listed   | 30400<br>30435<br>30465  | 30410<br>30450          | 30420<br>30460          | 30430<br>30462          |
| <b>Shoulder Surgery</b>   | Prior authorization required for the codes listed   | 29805<br>29820<br>29825  | 29806<br>29822<br>29826 | 29807<br>29823<br>29827 | 29819<br>29824<br>29828 |
| <b>Sinuplasty</b>   | Prior authorization required for the codes listed   | 31295  | 31296                   | 31297                   | 31298                   |
| <b>Site of service (SOS) – outpatient hospital</b>  | <p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p>  | <p><b>Auditory System</b><br/>69205</p> <p><b>Cardiovascular System</b><br/>36590      36832</p> <p><b>Carpal Tunnel Surgery</b><br/>64721</p> <p><b>Cataract Surgery</b><br/>66821      66982      66984</p> <p><b>Colonoscopy</b><br/>45378      45380      45384      45385</p> <p><b>Cosmetic &amp; Reconstructive</b><br/>13101      13132      14040      14060<br/>14301      21552      21931</p> <p><b>Digestive System</b><br/>42415      42440      43200      43236</p>  |                         |                         |                         |

| Procedures and Services                                       | Additional Information |       |       |       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|---|------------------------|-------|-------|-------|--|
| Site of service (SOS)<br>– outpatient hospital<br>(continued) | 43237                  | 43238 | 43242 | 43245 |  |
|   | 43246                  | 43247 | 43248 | 43251 |  |
|   | 43254                  | 43255 | 43259 | 44360 |  |
|   | 44361                  | 45171 | 45334 | 45335 |  |
|   | 45381                  | 45390 | 45990 | 46020 |  |
|   | 46040                  | 46050 | 46200 | 46220 |  |
|   | 46221                  | 46250 | 46255 | 46261 |  |
|   | 46270                  | 46275 | 46288 | 46505 |  |
|   | 46750                  | 46910 | 46946 |       |  |
|   | <b>ENT Procedures</b>  |       |       |       |  |
|   | 21320                  | 30140 | 30520 | 69436 |  |
|   | 69631                  |       |       |       |  |
| <b>Eye and Ocular Adnexa</b>                                  |                        |       |       |       |  |
|   | 65710                  | 65820 | 66250 | 66710 |  |
|   | 66711                  | 66825 | 66986 | 66987 |  |
|   | 66988                  | 67010 | 67041 | 67042 |  |
|   | 67105                  | 67108 | 67113 | 67840 |  |
|   | 68110                  | 68115 | 68320 | 68720 |  |
|   | 68815                  |       |       |       |  |
| <b>Female Genital System</b>                                  |                        |       |       |       |  |
|   | 57240                  | 57250 | 57461 | 57520 |  |
|   | 58561                  | 58562 |       |       |  |
| <b>Gynecologic Procedures</b>                                 |                        |       |       |       |  |
|   | 57522                  | 58353 | 58558 | 58563 |  |
|   | 58565                  |       |       |       |  |
| <b>Hemic and Lymphatic Systems</b>                            |                        |       |       |       |  |
|   | 38500                  | 38510 | 38525 |       |  |
| <b>Hernia Repair</b>  |                        |       |       |       |  |
|   | 49505                  | 49585 | 49587 | 49650 |  |
|   | 49651                  | 49652 | 49653 | 49654 |  |
|   | 49655                  |       |       |       |  |
| <b>Integumentary System</b>                                   |                        |       |       |       |  |
|   | 10121                  | 11440 | 11450 | 11624 |  |
|   | 11770                  | 13121 | 15100 | 15120 |  |
|   | 15240                  | 19020 | 19120 | 19125 |  |
| <b>Liver Biopsy</b>   |                        |       |       |       |  |
|   | 47000                  |       |       |       |  |
| <b>Male Genital System</b>                                    |                        |       |       |       |  |
|   | 54840                  |       |       |       |  |
| <b>Miscellaneous</b>  |                        |       |       |       |  |
|   | 20680                  |       |       |       |  |

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

|  |       |  |                       |       |       |  |
|--|-------|--|-----------------------|-------|-------|--|
| <b>Site of service (SOS)<br/>– outpatient hospital<br/>(continued)</b> |       | <b>Musculoskeletal System</b>            |                       |       |       |  |
|  |       | 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 |       |  |
|  |       |  | <b>Nervous System</b> |       |       |  |
|  |       | 64561                                    | 64640                 |       |       |  |
|  |       |  | <b>Ophthalmologic</b> |       |       |  |
|  |       | 65426                                    | 65730                 | 65855 | 66170 |  |
|  | 66761 | 67028                                    | 67036                 | 67040 |       |  |
|  | 67228 | 67311                                    | 67312                 |       |       |  |
|  |       | <b>Respiratory System</b>                |                       |       |       |  |
|  | 30802 | 30930                                    | 31525                 | 31535 |       |  |
|  | 31536 | 31541                                    | 31624                 |       |       |  |
|  |       | <b>Tonsillectomy &amp; Adenoidectomy</b> |                       |       |       |  |
|  | 42820 | 42821                                    | 42825                 | 42826 |       |  |
|  | 42830 |  |                       |       |       |  |
|  |       | <b>Upper Gastrointestinal Endoscopy</b>  |                       |       |       |  |
|  | 43235 | 43239                                    | 43249                 |       |       |  |
|  |       | <b>Urinary System</b>                    |                       |       |       |  |
|  | 52276 | 52287                                    | 52320                 | 52344 |       |  |
|  |       | <b>Urologic Procedures</b>               |                       |       |       |  |
|  | 50590 | 52000                                    | 52005                 | 52204 |       |  |
|  | 52224 | 52234                                    | 52235                 | 52260 |       |  |
|  | 52281 | 52310                                    | 52332                 | 52351 |       |  |
|  | 52352 | 52353                                    | 52356                 | 55040 |       |  |
|  | 55700 | 57288                                    |                       |       |       |  |

|  |                              |  |  |  |  |
|--|------------------------------|--|--|--|--|
| <b>Skilled and custodial nursing facility services</b> | Prior authorization required |  |  |  |  |
|--|------------------------------|--|--|--|--|

|   |   |       |       |       |  |
|---|---|-------|-------|-------|--|
| <b>Sleep apnea procedures and surgeries</b> | Prior authorization required for the codes listed | 21685 | 41599 | 42145 |  |
|---|---|-------|-------|-------|--|

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

Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea

|                                |   |       |       |       |       |
|--------------------------------|---|-------|-------|-------|-------|
| <b>Specialty/enclosed beds</b> | Prior authorization required for the codes listed | E0250 | E0251 | E0255 | E0256 |
|                                |   | E0260 | E0261 | E0280 | E0290 |
|                                |   | E0291 | E0292 | E0293 | E0294 |
|                                |   | E0295 | E0301 | E0303 | E0315 |
|                                |   | E0316 | E0462 |       |       |

|                       |   |       |        |       |       |
|-----------------------|---|-------|--------|-------|-------|
| <b>Spinal surgery</b> | Prior authorization required for the codes listed | 22100 | 22101  | 22102 | 22110 |
|                       |   | 22112 | 22114  | 22206 | 22207 |
|                       |   | 22210 | 22212  | 22214 | 22220 |
|                       |   | 22224 | 22510  | 22511 | 22512 |
|                       |   | 22513 | 22514* | 22515 | 22532 |
|                       |   | 22533 | 22548  | 22551 | 22554 |
|                       |   | 22556 | 22558  | 22590 | 22595 |
|                       |   | 22600 | 22610  | 22612 | 22630 |
|                       |   | 22633 | 22800  | 22802 | 22804 |
|                       |   | 22808 | 22810  | 22812 | 22818 |
|                       |   | 22819 | 22830  | 22849 | 22850 |
|                       |   | 22852 | 22855  | 22856 | 22861 |
|                       |   | 22864 | 22865  | 22899 | 63001 |
|                       |   | 63003 | 63005  | 63011 | 63012 |
|                       |   | 63015 | 63016  | 63017 | 63020 |
|                       |   | 63030 | 63040  | 63042 | 63045 |
|                       |   | 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

|                      |                              |  |       |       |       |       |
|----------------------|------------------------------|--|-------|-------|-------|-------|
| <b>Sterilization</b> | Prior authorization required | 52601  | 52630 | 52647 | 52648 |       |
|                      |                              | 52649  | 55250 | 55450 | 55801 |       |
|                      |                              | <b>Any member requesting sterilization must sign an appropriate Consent for Sterilization form.</b>  | 55821 | 55831 | 58600 | 58605 |
|                      |                              |  | 58611 | 58615 | 58670 | 58671 |
|                      |                              | For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at <b>AZAHCCCS.gov</b> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual | 58700 |       |       |       |

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |  |  |  |
|---|---|---|--|--|--|
|   | <p>(AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 420, Family Planning &gt; Section E Sterilization.</p> <p>The Consent to Sterilization form can be found at <a href="http://AZAHCCCS.gov">AZAHCCCS.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 420, Family Planning &gt; Attachment A.</p> |   |  |  |  |
| <p><b>Stimulators</b><br/>Implantation of a device that sends electrical impulses</p> | <p>Prior authorization required</p>   | <p><b>Bone growth stimulator</b></p> <p>E0747</p> <p><b>Neurostimulator</b></p> <p>43648</p> <p>61867</p> <p>63650</p> <p>64555</p> <p>L8680</p> <p>L8687</p>   | <p>E0748</p> <p>43882</p> <p>61868</p> <p>63655</p> <p>64568</p> <p>L8682</p> <p>L8688</p> | <p>E0749</p> <p>61863</p> <p>61885</p> <p>63685</p> <p>64570</p> <p>L8685</p> <p>L8688</p> | <p>61864</p> <p>61886</p> <p>64553</p> <p>64590</p> <p>L8686</p> |
| <p><b>Transplant services</b></p>   | <p>Prior authorization required for the codes listed</p> <p><b>Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request.</b></p>   | <p>For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.</p> <p>32850      32851      32852      32853</p> <p>32854      32855      32856      33930</p> <p>33933      33935      33940      33944</p> <p>33945      38208      38209      38210</p> <p>38212      38213      38214      38215</p> <p>38232*      38240      38241      38242</p> <p>44132      44133      44135      44136</p> <p>44137      44715      44720      44721</p> <p>47133      47135      47140      47141</p> <p>47142      47143      47144      47145</p> <p>47146      47147      48551      48552</p> <p>48554      50300      50320      50323</p> <p>50325      50340      50360      50365</p> <p>50370      50547</p> <p><b>CAR T-Cell therapy:</b></p> <p>0537T      0538T      0539T      0540T</p> <p>J9999      Q2041      Q2042      Q2053</p> <p>Q2054      Q2055      Q2056</p> <p>*Code 38232 will only require prior authorization for an oncology diagnosis.</p> |  |  |  |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Transplant services (cont.)</b>  |  | <b>Gene therapy**:</b>   |       |       |       |
|   |  | C9399  | J3490 | J3590 |       |
| <b>Transportation</b>   | Prior authorization required for non-emergent taxi and stretcher van | To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at <b>888-700-6822</b> .  |       |       |       |
| <b>Vein procedures</b>  | Prior authorization required for the codes listed                    | 36468  | 36473 | 36475 | 36478 |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities |  | 37700  | 37718 | 37722 | 37765 |
|   |  | 37766  | 37780 |       |       |
| <b>Ventricular assist devices</b>   | Prior authorization required for the codes listed                    | Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> . |       |       |       |
| A mechanical pump that takes over the 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 |
| <b>Wound vac</b>  | Prior authorization required for the codes listed                    | E2402  |       |       |       |