

Prior authorization requirements for Arizona Long Term Care

Effective October 1, 2023

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Long Term Care 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 **877-842-3210**

Please note

- To be eligible for authorization, services must be covered benefits as outlined and defined by the Arizona Health Care Cost Containment System (AHCCCS)
- Services provided by out-of-network, 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
- 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, 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 and 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 <u>not</u> a covered benefit.</p> <p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none">• Sustained an anaphylactic reaction to an unknown allergen• Exhibited such a severe allergic	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. Prior authorization is required for allergy testing when it meets the criteria above.				
Augmentative and alternative communication	Prior authorization 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	Prior authorization is required for inpatient admissions. Prior authorization is required for outpatient services listed.	The following benefits and/or codes require prior authorization: <ul style="list-style-type: none"> • Acute inpatient admission (includes admissions to Arizona State Hospital) • Electroconvulsive therapy • Home care training client (S5109) • Neuropsychological testing • Out-of-state placement • Psychological testing • Residential behavioral health facility – level II group home (H0018) • Residential treatment center – level 1 • Transcranial magnetic stimulation 			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required for the codes listed.	20975	20979		
Breast cancer (BRCA) genetic testing	Prior authorization is required for the codes. listed Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization is required for the codes listed.	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371
Cardiovascular	Prior authorization is required.	37220 37226 37230 E08.52	37221 37227 37231 E09.52	37224 37228 DX Not Req PA E10.52	37225 37229

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Cardiovascular (cont.)		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
	M86.079	M86.08	M86.09	M86.1	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization 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
Circumcision	Routine circumcision is <u>not</u> a covered benefit.	54150	54160	54161	54162
	Prior authorization is required <u>only</u> for cases with documented medical necessity.				
Cochlear and other auditory implants	For members younger than 21:	69710	69714	69930	L8614
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization is required for the codes listed.	L8619	L8690	L8691	L8692
	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 <u>not</u> a covered benefit 				
	Clinical documentation <u>must</u> accompany and establish medical necessity for this				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	service request.				
Continuous glucose monitor	Prior authorization is required with Type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization is required for the codes listed. Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	11960 14041 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	11971 14061* 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	14020* 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14021* 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
				*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-D2 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300: Medical Policy for Covered Services > 310, Covered Services > 310-D2.				
Diabetic supplies	Diabetic supplies are provided by the local pharmacy. Prior authorization for talking glucometers 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)	Prior authorization is required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. Arizona Long-Term Care will review Medicare denials of DME. Clinical documentation and a copy of the denial must accompany and establish medical necessity for the	E0193 E0270 E0304 E0465 E0620 E0670 E0700 E0784	E0194 E0277 E0329 E0466 E0636 E0675 E0710 E0984	E0265 E0300 E0445 E0483 E0656 E0693 E0745 E0986	E0266 E0302 E0457 E0486 E0669 E0694 E0766 E1002

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
DME (cont.)	service request. Prosthetics are not DME – see orthotics and prosthetics.	E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1161
		E1229	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1239	E1825	E1902
		E2100	E2227	E2228	E2230
		E2300	E2301	E2322	E2325
		E2327	E2329	E2331	E2351
		E2373	E2500	E2502	E2504
		E2506	E2508	E2510	E2511
		E2512	E2599	E2626	E2627
		E2628	E2629	E2630	E8000
		E8001	E8002	K0005	K0008
		K0013	K0108	K0800	K0801
		K0802	K0806	K0807	K0808
		K0812	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0836	K0837	K0838	K0839
		K0840	K0841	K0842	K0843
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
K0880	K0884	K0885	K0886		
K0890	K0891	S1040			
Enteral services/parental/oral In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplements	Prior authorization is required for the codes listed. Clinical documentation and oral supplement certificate of medical necessity, as applicable, must accompany and establish medical necessity for this service request. For members younger than 21: For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10.	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Enteral services/parental/ Oral (cont.)	<p>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.</p> <p>For members 21 and older: Please review AMPM Chapter 300, Policy 310-GG at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG. The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG. > Attachment A</p>				
Experimental and investigational (and/or linked services)	<p>Prior authorization is required for all services considered experimental and/or investigational.</p> <p>For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at 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.</p>	33477 A4638	36514 A9274	64722 E1831	66180
Eye care/optometry	<p>Benefits provided for members younger than 21:</p> <ul style="list-style-type: none"> • One routine eye exam every 12 months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame for up to \$79.99 retail price • One replacement pair of glasses if lost, stolen or damaged • Members may pay the difference for a more expensive pair of glasses, 	For member eye care services, please call Nationwide Vision at 480-961-1702.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Eye care/optometry (cont.)	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 services not covered by LabCorp. To determine prior authorization requirements, please call LabCorp at 800-788-9743.	81265	81302	81321	81323	
		81325	81401	81403	81404	
		81405	81406	81407	81408	
		81415	81416	81417	81460	
		81465	81479	86353	88245	
		88248	88249	88261	88262	
		88263	88264	88267	88269	
		88271	88272	88273	88274	
		88275	88280	88283	88285	
			88289	88291	88299	
	Biomarker Codes					
	81313	81327	81435	81490		
Hearing aids and services Hearing evaluations and hearing aids	For members younger than 21: Prior authorization is not required.	92590	92591	92592	92593	
		92594	92595	V5010	V5011	
		For members 21 and older: Prior authorization is 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- and community-based services	Prior authorization is required.	For home- and community-based services, please call UnitedHealthcare Community Plan of Arizona at 800-293-3740 or the notification number on the back of the member's health plan ID card.			
Home health care	Prior authorization is required for the codes listed.	For codes G0299, G0300, S9123 and S9124, please fax Case Management at 877-395-5993 to complete the request.				
	Infusion services – prior authorization is not required.	G0299	G0300	S9123	S9124	
Hospice	Prior authorization is required for the codes listed.	For prior authorization, please call the Long-Term Care Case Management Unit at 602-255-8908 to complete the request.				

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

For members younger than 21:
Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month.

For members 21 and older:
Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.

Injectable medications	<p>Prior authorization is required for the codes listed.</p> <p>Do Not Start Case – Direct Provider using the information below:</p> <p>To submit a prior authorization request and, for UnitedHealthcare commercial non-PAR health care professionals, to submit a pre-determination request, the health care professional can go to UHCprovider.com/priorauth > Specialty Medications > Submission and Status</p> <p>For questions about this online authorization process, the health care professional may call Optum® Specialty Guidance Program (SGP): 877-881-7618</p>	Actemra®			
		J3262			
		Acthar®			
		J0801			
		Adakveo®			
		J0791			
		Aduhelm®			
		J0172			
		Amondys 45			
		J1426			
		Amvuttra™			
		J0225			
		Apretude™			
		J0739			
		Aralast NP, Prolastin-C, Zemaira			
J0256					
Avsola™					
Q5121					
Benlysta					
J0490					
Berinert					
J0597					
Botulinum toxins					
J0585	J0586	J0587	J0588		
Brineura™					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0567 Briumvi® J2329 Cabenuva™ J0741 Cimerli® Q5128 Cinqair® J2786 Cortrophin Gel® J0802 Crysvita® J0584 Cutaquig® J1551 Enjaymo® J1302 Entyvio® J3380 Esperoct® J7204 Evenity™ J3111 Evkeeza™ J1305 Fasenra™ J0517 Fensolvi® J1951 Feraheme® Q0138 Fylintra® Q5130 Gamifant® J9210 Givlaari® J0223 Glassia® J0257 Hemgenix® J1411 Ilaris® J0638 Ilumya™

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	J1459	J1554	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	Korsuva®				
	J0879				
	Krystexxa®				
	J2507				
	Lemtrada®				
	J0202				
	Leqvio®				
	J1306				
	Makena®				
	J1726	J1729	J2675		
	Mepsevii®				
	J3397				
	Monoferric®				
	J1437				
	Nexviazyme®				
	J0219				
	Nglazyme®				
	J1458				
	Nplate®				
	J2796				
Nucala®					
J2182					
Ocrevus™					
J2350					
Orencia®					
J0129					
Onpattro™					
J0222					
Panzyga®					
J1576					
Parsabiv™					
J0606					
Probuphine®					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J0570			
		Prolia®			
		J0897			
		Radicava®			
		J1301			
		Reblozyl®			
		J0896			
		Remicade®			
		J1745			
		Renflexis®			
		Q5104			
		Riabni™			
		Q5123			
		Ruconest®			
		J0596			
		Ryplazim™			
		J2998			
		Saphnelo®			
		J0491			
		Scenesse®			
		J7352			
		Sevenfact®			
		J7212			
		Signifor® LAR			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Spevigo®			
	J1747				
	Spravato™				
	S0013				
	Stelara®				
	J3358				
	Sublocade™				
	Q9991	Q9992			
	Sunlenca®				
	J1961				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Syfovre®			
		J2781			
		Synagis®			
		90378			
		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
		Triptodur®			
		J3316			
		Trogarzo™			
		J1746			
		Tzield™			
		J9381			
		Unclassified codes*			
		C9090	C9094	C9149	C9157
		C9399	J3490	J3590	
		Uplizna®			
		J1823			
		Intravitreal Vascular Endothelial Growth Factor (VEGF)			
		J0178	J0179	J2777	J2778
		J2779	Q5124	Q5128	
		Vimizim®			
		J1322			
		Vyepti™			
		J3032			
		Vyvgart™			
		J9332			
		Xembify®			
		J1558			
		Xenpozyme®			
		J0218			
		Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com/policies > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.			
		*For unclassified and temporary codes C9151, C9399, C9149, C9157, J3490 and J3590, prior authorization is only required for Elevidys, Elfabrio, Lamzede, Leqembi, Qalsody, Nulibry, Releuko®, Revcovi, Vabysmo, Vyjuvek			

Inpatient admission Prior authorization is required for

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<p>inpatient admissions including:</p> <ul style="list-style-type: none"> Behavioral/substance abuse Elective surgical with admission Hospice Long-term acute care/rehabilitation Skilled nursing facilities <p>Prior authorization is not required for emergency services.</p>				
Inpatient – observation	<p>Prior authorization is not required.</p> <p>Notification required if member is admitted for an inpatient stay.</p> <p>Observation <u>must</u> be ordered in writing by a physician, or other individual authorized by hospital staff bylaws, to admit patients to the hospital or to order outpatient diagnostic tests or treatments.</p>				
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 not required. If you have questions, please call LabCorp at 800-788-9743.				
Musculoskeletal	Prior authorization is required for the codes listed.		Shoulder surgery 23470 23472	23743	23474
Non-emergent air ambulance transport	Prior authorization is required for the codes listed.	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization is required for the codes listed.	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
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 L0464 L0486 L0632	L0170 L0480 L0624 L0634	L0456 L0482 L0629 L0636	L0462 L0484 L0631 L0637

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	For members younger than 21 with orthotic limitation:	L0638	L0640	L0700	L0710
	<ul style="list-style-type: none"> Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit 	L0810	L0820	L0830	L0859
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively 	L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
		L1836	L1840	L1844	L1845
		L1847	L1860	L1945	L1950
		L2000	L2005	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2526	L2627
		L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730
	AHCCCS orthotics coverage applies if:	L3740	L3763	L3764	L3900
	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines 	L3901	L3904	L3905	L3961
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
	<ul style="list-style-type: none"> The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition 	L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5270
		L5280	L5301	L5312	L5321
		L5331	L5341	L5400	L5420
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care physician 	L5460	L5500	L5505	L5510
		L5520	L5530	L5535	L5540
		L5560	L5570	L5580	L5585
	For members 21 and older with orthotic limitation:	L5590	L5595	L5600	L5610
	<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 	L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5646	L5647	L5648	L5649
		L5651	L5653	L5661	L5673
		L5682	L5683	L5700	L5702
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively 	L5703	L5705	L5706	L5716
		L5718	L5724	L5726	L5728
		L5780	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5848	L5857
		L5858	L5930	L5950	L5960
		L5961	L5962	L5964	L5966
	L5968	L5976	L5979	L5980	
	L5981	L5982	L5984	L5986	
	L5987	L5988	L5990	L5999	
	L6000	L6020	L6050	L6055	
	L6100	L6110	L6120	L6130	
	L6200	L6205	L6250	L6300	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		L6310	L6320	L6360	L6370
		L6380	L6382	L6384	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6881	L6882	L6883
		L6884	L6885	L6895	L6900
		L6905	L6910	L6920	L6925
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7405	L8040	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8609	L8610
		L8612	L8631	L8659	

Out-of-state services Benefit only approved when service is emergent or unavailable in Arizona.

Out-of-network services Prior authorization is required for all out-of-network services.

Outpatient therapy – occupational, physical and speech therapy **For members younger than 21:** Occupational, physical and speech therapy are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity.

97012	97014	97016	97018
97022	97026	97028	97033
97034	97039	97110	97112
97113	97116	97124	97140
97530	97535	97799	G0281
G0283			

- Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits

For members 21 and older: Occupational/speech therapy Prior authorization is required for Occupational and speech therapy. Occupational and speech therapy services are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Outpatient therapy – occupational, physical and speech therapy (cont.)	<ul style="list-style-type: none"> • Prior authorization is required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits. <p>Physical therapy - outpatient Prior authorization is NOT required for outpatient physical therapy. Outpatient physical therapy services are:</p> <ul style="list-style-type: none"> • Limited to 15 visits per benefit year, Oct. 1 - Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it <p>Physical therapy - skilled nursing or custodial facility considered as inpatient.</p> <p>Services are covered when medically necessary and not subjected to outpatient benefits limitations.</p> <ul style="list-style-type: none"> • Prior authorization is required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits. 	92507	92508	92526	
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</p> <p>> Pharmacy Resources and Physician Administered Drugs</p> <p>Service requests <u>must</u> include “J” codes and National Drug Code (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® • Cerezyme® • Cimzia® • Cinryze® • Elaprase® • Elelyso® • Exondys 51™ • Fabrazyme® • Juxtapid® • Kalydeco® 	90378 J1300 J1429 J2840 J3399	J0224 J1303 J1786 J3060	J0717 J1427 J2326 J3385	J1290 J1428 J2357 J3398

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

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

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

Fax forms are available at UHCprovider.com/AZcommunityplan > Arizona > Pharmacy Program > Pharmacy Prior Authorization Forms > Specialty Medication Prior Authorization Cover Sheet. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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- Kuvan®
- Kynamro®
- Lumizyme®
- Myozyme®
- Orfadin®
- Soliris®
- Spinraza™
- Synagis®
- VPRIV®
- Xolair®
- Zolgensma®

Potentially Unproven Services	Prior authorization is required.	33289	C2624		
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Pregnancy termination	Prior authorization is required for the codes listed.	59840	59841	59850	59851
		59852	59855	59856	59857
	<p>Prior authorization includes Mifepristone, Mifeprex® or RU-486</p> <p>Clinical documentation and the certificate of medical necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.</p> <p>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.</p> <p>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.</p>				

Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874

Proton beam therapy 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
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology	Prior authorization is required for participating physicians who request the following advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please fax 800-278-2907 to complete your request. Fax forms are available at UHCprovider.com/AZcommunityplan >Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
Rhinoplasty and septoplasty	Prior authorization is required for the codes listed.	30400	30410	30420	30430
		30435	30450	30460	30462
Treatment of nasal functional impairment and septal deviation		30465			
Shoulder surgery	Prior authorization is required for the codes listed.	Musculoskeletal system			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
Sinuplasty	Prior authorization is required for the codes listed.	31295	31296	31297	31298
Skilled nursing facility services	Prior authorization is required. Separate prior authorization is required for outpatient services.				
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					
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	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63185	63190	63191
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		0095T	0098T	0164T	
Sterilization	Prior authorization is required for the codes listed.	52601	52630	52647	52648
		52649	55250	55801	55821
	For all members younger than age 21:	55831	58565	58600	58605
		58611	58615	58670	58671
	Prior authorization is required.	58700			
	Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.				
	For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization.				
	The Consent to Sterilization form can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.				
Stimulators	Prior authorization is required.	Bone growth stimulator			
		E0747	E0748	E0749	E0760
Implantation of a device that sends electrical impulses		Neurostimulator			
		43648	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
		L8687	L8688		
Transplant services	Prior authorization is required for the codes listed.	For transplant and CAR T-Cell therapy services including Abecma® (idecaptopogene cicleuce), Breyanzi® (lisocabtagene maraluce), Carvykti™ (ciltacabtagene autoleuce), Kymriah™ (tisagenlecleuce), Tecartus™ (brexucabtagene autoleuce) and Yescarta™ (axicabtagene ciloleuce), please call the UnitedHealthcare Community and State Transplant Case			
	Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service				

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

Management Team at **800-418-4994** or the notification number on the back of the member's health plan ID card.

32850	32851	32852	32853
32854	32855	32856	33930
33933	33935	33940	33944
33945	38208	38209	38210
38212	38213	38214	38215
38232*	38240	38241	38242
44132	44133	44135	44136
44137	44715	44720	44721
47133	47135	47140	47141
47142	47143	47144	47145
47146	47147	48551	48552
48554	50300	50320	50323
50325	50340	50360	50365
50370	50547		

CAR-T cell therapy

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

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

Gene therapy:**

C9399	J3490	J3590	
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Transportation	Prior authorization is required for non-emergent taxi and stretcher van.	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at 888-700-6822.			
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Vein procedures	Prior authorization is 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		

Ventricular assist devices (VAD)	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	E2402			
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	<p>the codes listed.</p> <p>A negative pressure wound therapy (NPWT) pump and supplies will be denied if one or more of the following are present:</p> <ul style="list-style-type: none"> • Cancer tissue in the wound • Criteria for continued coverage is no longer met • Necrotic tissue with eschar in the wound, if debridement isn't attempted • Supplies and equipment are no longer being used by the member • Untreated fistula to an organ or body cavity within vicinity of the wound • Untreated osteomyelitis within vicinity of the wound 	