Prior authorization requirements for Arizona Complete Health Medicaid effective Feb. 1, 2025

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Complete Care (ACC) Medicaid program providing inpatient and outpatient services.

To request prior authorization, please submit your request using 1 of the following:

- **Online**: Use the Prior Authorization and Notification tool on 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.
- Phone: 800-445-1638

Please note

- To be eligible for prior authorization, services must be covered benefits as outlined and defined by the Arizona Health Care Cost Containment System (AHCCCS)
- Services provided by non-network and out-of-state health care professionals require prior authorization and documentation supporting the out-of-network request
- Experimental and investigational services are not covered benefits
- All rendering health care professionals, facilities and vendors must be actively registered with AHCCCS
- Services delivered inside the multi-specialty interdisciplinary clinics (MSIC) to children's rehabilitative services (CRS)-designated/CRS formerly designated members do not require prior authorization
- Only 1 health care professional may request services on a prior authorization request form
- Only medically necessary, cost-effective, federally- and state-reimbursable services are covered as outlined by AHCCCS

Procedures and services	Additional information	CPT [®] or HCPCS codes and/or how to obtain prior authorization
Allergy immunotherapy	For members younger than 21:	
	Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.	
	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.	
	Allergy testing, including testing for common allergens, is a covered benefit when the member has:	



Procedures and services	Additional information	CPT [®] or HCPCS of how to obtain pri-		on	
Allergy immunotherapy (cont.)	 Sustained an anaphylactic reaction to an unknown allergen Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. 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	For members with serious mental illness (SMI): Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program. For assistance call 800-348-4058.	For a full list of behave please visit providere Authorization Code L	express.com Beh	avioral Health Pr	ior
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required for the codes listed.	20975	20979	E0760	
Breast cancer (BRCA) genetic testing	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	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization is required for the codes listed.	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600
Cancer supportive services	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agent	Injectable colony-s authorization:	timulating facto	or drugs that rec	uire prior



Procedures and services	Additional information	CPT [®] or HCPCS codes and/or how to obtain prior authorization
	Additional information administered in an outpatient setting for a cancer diagnosis.	how to obtain prior authorization Filgrastim (Neupogen®) J1442 Filgrastim-aafi (Nivestym®) Q5110 Filgrastim-ayow, biosimilar (Releuko®) Q5125 Filgrastim-sndz (Zarxio®) Q5101 Pegfilgrastim (Neulasta®) J2506 Pegfilgrastim (Neulasta®) Q5122 Pegfilgrastim-bmez (Ziextenzo®) Q5122 Pegfilgrastim-bmez (Ziextenzo®) Q5120 Pegfilgrastim-cbqv (Udenyca®) Q5121 Pegfilgrastim-cbqv (Udenyca®) Q5111 Pegfilgrastim-jmdb (Fulphila®) Q5108 Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447 Trilaciclib (Cosela®) J1448 Bone-modifying agent that requires prior authorization: Denosumab (Xgeva®) J0897 Colony stimulating factors J1449 Erythropoiesis — Stimulating agents J0885 For prior authorization, please submit requests online by using
		the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129 .
Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance.	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <u>UHCprovider.com</u> and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal Dashboard. Or call 866-889-8054 .
		For more details and the CPT codes that require prior authorization, please visit: UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior



Procedures and services	Additional information		PCS codes ar in prior autho		
		Authorization a	and Notification I	Program	
Cardiovascular	Prior authorization is required.	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	
			DX Not	Req PA	
		E08.52	E09.52	E10.52	E11.52
		E13.52	170.221	170.222	170.223
		170.228	170.229	170.231	170.232
		170.233	170.234	170.235	170.238
		170.239	170.241	170.242	170.243
		170.244	170.245	170.248	170.249
		170.25	170.261	170.262	170.263
		170.268	170.269	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.421	170.422	170.423
		170.428	170.429	170.431	170.432
		170.433	170.434	170.435	170.438
		170.439	170.441	170.442	170.443
		170.444	170.445	170.448	170.449
		170.461	170.462	170.463	170.468
		170.469	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		1/4.0	1/4.0	174.9	175.021



Procedures and services	Additional information		CS codes and n prior author		
Cardiovascular		175.022	175.023	175.029	175.89
(cont.)		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
		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	196	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 I73.81	173.00	173.01	173.1
Cerebral seizure	Prior authorization is required for	95700	95711	95712	95713
monitoring —	inpatient services.	95714	95715	95716	95718
inpatient video electroencephalogr am (EEG)	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726
Chemotherapy	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	 (J0640), lev (J1950) Chemothera assigned co HCPCS cool 	apy injectable di voleucovorin (JO apy injectable di apy injectable di ode and will be b de	rugs (J9000–J99 641, J0642), Lup rugs that have a rugs that have no billed under a mis	99), Leucovorin oron Depot [®] Q code ot yet received an
		Provider Portal.	To access the p		InitedHealthcare provider.com and ng your One



Procedures and services	Additional information	CPT [®] or HCPCS how to obtain pr		on	
		Healthcare ID. Or, y	ou can call 888-3	97-8129.	
Circumcision	Routine circumcision is <u>not</u> a covered benefit.	54161	54162		
	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	Prior authorization is required for the codes listed.	L8619	L8690	L8691	L8692
portion to help persons with profound sensorineural deafness achieve conversational speech	 For members 21 and older: 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 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	Prior authorization is required for the codes listed.	11960 14061*	14020* 15823	14021* 15830	14041 15847
surgery	Sonvices or items furnished sololy	17106	17107	17108	17999
That changes or improves physical	Services or items furnished solely for cosmetic purposes are	21137	21138	21139	21172
appearance without	excluded from AHCCCS coverage.	-	21179	21180	21181
significantly		21182	21183	21184	21230
improving or restoring		21235	21256	21275	21280
physiological		21282	21295	21740	21742
function		21743	28344	30620	67900
Reconstructive		67901	67902	67903	67904
procedures that treat		67906	67908	67909	67911
a medical condition		67912	67914	67915	67916
or improve or restore physiologic function		67917	67921	67922	67923
p., j		67924 *Will NOT require diagnoses.	67950 prior auth when b	67961 illed with skin ca	67966 ncer
Dental services	For prior authorization requirements, please call UnitedHealthcare dental at 855- 812-9208.				
Diabetic supplies	Diabetic supplies are provided by the local pharmacy.	To locate contracted visit UHCprovider.d Handbooks, Curren	com/AZcommun	ityplan > Membe	er
	Prior authorization for talking glucometers is available through the medical prior authorization process.	Dental & Vision Pla			,



Procedures and services	Additional information		CPCS codes an tain prior author		
Durable medical equipment (DME)	To request DME items, please call Preferred Homecare at 800-636-2123. Prior authorization required for the codes listed with a retail purchase	UnitedHealth contracted v UHCprovide Current Med Vision Plans	ncare Community endors related to l er.com/AZcommu lical Plans, ID Car	Plan's Provider I DME products at <mark>Inityplan</mark> > Men	Manual for a list of t hber Handbooks,
	or a cumulative rental cost of more than \$500		E0005	Food	F0070
	than \$500	E0194	E0265	E0266	E0270
	These DME items are not covered	E0300	E0445	E0457	E0465
	by Preferred Homecare:Bone stimulators	E0466 E0636	E0483 E0638	E0486 E0641	E0620 E0642
	 Diabetic supplies 	E0656	E0669	E0641	E0642 E0675
	Enclosed beds	E0693	E0694	E0700	E0710
	Insulin pumps	E0745	E0766	E0700	E0984
	Percussion vests	E0986	E1002	E0784 E1003	E1004
	Specialty bedsWound vacs	E0986 E1005	E1002	E1003 E1007	E1004 E1008
		E1005	E1008	E1007	E1008
	Prosthetics are not DME — see	E1009 E1036	E1161	E1030	E1035 E1231
	orthotics and prosthetics.	E1030	E11233	E1229	E1231 E1235
		E1232	E1233	E1234 E1238	E1235 E1239
		E1230	E1237	E2227	E1239
		E1023		E2301	E2322
		E2325	E2298 E2327	E2329	E2322
		E2351	E2373	E2529	E2551
		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	K0823
		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	K0875	K0879
		K0890	K0891	S1040	10000
Enteral services/ parenteral/ pral n-home nutritional	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 <u>must</u> accompany and establish medical necessity for this service request.			
n-nome nutritional herapy either enteral or through a		For more inf	rs younger than a ormation, please r PM) Chapter 400	eview the AHCC	CS Medical Policy

For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 at



gastrostomy tube,

Procedures and services	Additional information	CPT [®] or HCP how to obtain			
total parenteral nutrition (TPN) and/or lipids and oral supplements			lanual (AMPM)	> Chapter 400, I	Policies > AHCCCS Medical Policy for es > 430-10.
Enteral services/ parenteral/ oral (cont.)		The Certificate o Nutritional Suppl Resources > Gui Manual (AMPM) Child Health > 43	ements can be ides-Manuals-P > Chapter 400,	found at azahcc olicies > AHCC	cs.gov > CS Medical Policy
			MPM Chapter 3 Resources> Gu lanual (AMPM)	ides-Manuals-P > Chapter 300, I	olicies > AHCCCS Medical Policy for
		Nutritional Supp Resources > Gu Manual (AMPM	elements can be uides-Manuals-l) > Chapter 300	essity for Comme found at azahc Policies > AHCC Medical Policy view > Attachme	ccs.gov > CS Medical Policy for Covered
Experimental and	Prior authorization is required for	33477	36514	64722	66180
investigational services (and/or	all services considered experimental and/or	A4638	A9274	E1831	G0276
linked services)	investigational.	G0293 S9991	G2000	S9988	S9990
	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.	00001	S9992	S9994	S9996
Eye care/optometry	 Benefits provided for members younger than 21: 1 routine eye exam every 12 months Regular single vision bifocal or trifocal polycarbonate lenses Frame for up to \$79.99 retail price 1 replacement pair of glasses if lost, stolen or damaged Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision For members 21 and older: Prior authorization is required when medically necessary to diagnose or treat diseases and 	For member eye 480-961-1702.	care services,	please call Natic	nwide Vision at
F	conditions of the eye.				
Femoroacetabu-lar impingement syndrome (FAI)	Prior authorization is required for the codes listed.	29914	29915	29916	



Procedures and services	Additional information		CS codes and n prior authori		
Functional	Prior authorization is required for	31240	31253	31254	31255
endoscopic sinus	the codes listed.	31256	31257	31259	31267
surgery (FESS)		31276	31287	31288	0.20.
Genetic testing	Prior authorization is required for	81265	81302	81321	81323
j	all services not covered by	81325	81401	81403	81404
	Labcorp.	81405	81406	81407	81408
	To determine prior authorization requirements, please call Labcorp	81415	81416	81460	81479
	at	86353	88245	88248	88249
	800-788-9743.	88261	88262	88263	88264
		88267	88269	88271	88272
		88273	88274	88275	88280
		88283	88285	88289	88291
		88299			
		Biomarker co	des		
		81313	81327	81435	81490
Hearing services	For members younger than 21:	92590	92591	92592	92593
Hearing evaluations	Prior authorization is not required.	92594	92595	V5010	V5011
and hearing aids	For members 21 and older:	V5014	V5030	V5040	V5050
	Prior authorization is required.	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 services	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
Hysterectomy	Prior authorization is required for	58150	58152	58180	58200
	the codes listed.	58210	58240	58260	58262
		58263	58267	58270	58275
		58280	58285	58290	58291
		58292	58294	58541	58542
		58543	58544	58548	58550
		58552	58553	58554	58570
		58571	58572	58573	58951
		58953	58954	58956	59525
Incontinence supplies	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request incor at 800-636-2123		, please call Pre	erred Homecare
Infusion in-home services	Prior authorization is required for all services not covered by Optum Infusion.	To request servi 888-705-4470.	ices and/or suppl	ies, please call C	Optum Infusion at
Injectable medications	Prior authorization is required for all medications not covered by	To request med	ications, please o	all Optum Infusio	on 888-705-4470.



Procedures and services	Additional information	CPT [®] or HCP(how to obtain			
or in-home usage	Optum Infusion.				
njectable	Prior authorization is required for	Actemra®			
nedications	the codes listed.	J3262			
		Adakveo®			
		J0791			
		Aduhelm®			
		J0172			
		Adzynma™			
		J7171			
		Amondys 45 [®]			
		J1426			
		Amvuttra™			
		J0225			
		Aralast [®] NP, P	rolastin [®] -C,	Zemaira®	
		J0256			
		Avsola [®]			
		Q5121			
		Benlysta			
		J0490			
		Beqvez™			
		J1414			
		Berinert [®]			
		J0597 Detulinum tex	la e		
		Botulinum tox J0585	J0586	J0587	J0588
		Brineura®	00000	00007	00000
		J0567			
		Briumvi™			
		J2329			
		Cimerli™			
		Q5128			
		Cinqair®			
		J2786			
		Cosentyx [®] IV			
		J3247			
		Crysvita [®]			
		J0584			
		Cutaquig [®]			
		J1551			
		Daxxify®			
		J0589			
		Elevidys™			
		J1413			



Procedures and services	Additional information	CPT [®] or HCP how to obtair			
Injectable		Elfabrio ®			
medications (cont.)		J2508			
(contra)		Entyvio®			
		J3380			
		Enjaymo™			
		J1302			
		Esperoct [®]			
		J7204			
		Evenity®			
		J3111			
		Evkeeza [®]			
		J1305			
		Eylea HD™			
		J0177			
		Fasenra™			
		J0517			
		Fensolvi [®]			
		J1951			
		Feraheme®			
		Q0138			
		Firmagon [®]			
		J9155			
		Fylnetra™			
		Q5130			
		Gamifant®			
		J9210			
		Givlaari®			
		J0223			
		Glassia®			
		J0257			
		Hemgenix™			
		J1411			
		llaris [®]			
		J0638			
		llumya™			
		J3245			
		Inflectra			
		Q5103			
		J1439			
		IVIG			
		J1459	J1554	J1555	J1556
		J1557	J1559	J1561	J1566



Procedures and	Additional information	CPT [®] or HC	PCS codes a	nd/or	
services			ain prior auth		
Injectable medications		J1568	J1569	J1572	J1575
(cont.)		J1599			
		Izervay™			
		J2782			
		Kisunla™			
		J0175			
		Korsuva™			
		J0879			
		Krystexxa®			
		J2507			
		Lamzede®			
		J0217			
		Lanreotide			
		J1932			
		Lemtrada®			
		J0202			
		Leqembi™			
		J0174			
		Leqvio [®]			
		J1306			
		Lupron Dep	ot®		
		J1950			
		Lupron Dep	ot [®] , Eligard [®]		
		J9217			
		Mepsevii®			
		J3397			
		Monoferric®			
		J1437			
		Nexviazyme	®		
		J0219			
		Naglazyme®	0		
		J1458			
		Nplate [®]			
		J2802			
		Nucala®			
		J2182			
		Qalsody™			
		J1304			
		Ocrevus®			
		J2350			
		Octreotide a	acetate		
		J2354			
		Orencia®			



Procedures and	Additional information	CPT [®] or HCPCS codes and/or
services	Additional information	how to obtain prior authorization
Injectable		J0129
medications (cont.)		Omvoh™
()		J2267
		Onpattro®
		J0222
		Panzyga [®]
		J1576
		Parsabiv [®]
		J0606
		Pombiliti™
		J1203
		Prolia®
		J0897
		Radicava®
		J1301
		Reblozyl®
		J0896
		Releuko®
		Q5125
		Remicade®
		J1745
		Renflexis®
		Q5104
		Riabni™
		Q5123
		Rituxan [®]
		J9312
		Rituxan Hycela [®]
		J9311
		Roctavian™
		J1412
		Ruconest®
		J0596
		Ruxience®
		Q5119
		Ryplazim®
		J2998
		Rystiggo™
		J9333
		Sandostatin [®] LAR
		J2353
		Saphnelo®
		J0491



itelations J7352 it.) Sevenfact® J7212 Signifor LAR Signifor LAR J2502 Simponi Aria® J2502 Skyriz! J2302 J2602 Skyriz! Signifor LAR J2327 Softum hyalurowate J2327 J2327 J7324 J7322 J2328 J7325 J7326 J7329 J7331 J7332 J7329 J7329 J1747 Stelara® J3358 Sublocade® L L Supprelin® LA J9226 Sysongia® J326 L L J2361 J2761 Syroer™ J2761 <	Procedures and services	Additional information	CPT [®] or HCP how to obtain			
Jr352 Sevenfacts Jr212 Signifor LAR J2502 Simponi Aria® J2502 Sityriz® J2327 Sodium hyalurowate J2327 Sodium hyalurowate J2327 J232 J7326 J7326 J7326 J7326 J7326 J7326 J7327 J7328 J7326 J7327 J7328 J7328 J7328 J7327 J7329 J7331 J7332 J7332 J7332 J7332 J7332 J7332 J7332 J7328 J7	Injectable		Scenesse®			
Sevenfact® J7212 Signifor LAR Signifor LAR® J2502 Simponi Aria® J2502 Simponi Aria® J1602 Skyrizi? J2327 Sodium hya! J2327 Sodium hy3! J328 J7320 J7321 J732 J7331 J7332 J7331 J7332 J7329 J7331 J7332 J7329 J17331 J7332 J7329 J17331 J7332 J7329 J1747 Stelara® J1747 Stablocade® Q9991 Q9912 J3358 Sublocade® Q9926 Supprelin® LA J9226 System ** J9226 System ** Statematic ** J3358 Sublocade * Statematic ** J9226 System ** Statematic ** J9236 Systematic ** Statematic ** J3241 Terspite Statematic ** J2365 A950 A9607	medications (cont.)		J7352			
Signifor LARJ2502J2502Simponi Aria®J1602Skyrizt®J2327J328J327J320J747J747 <td< td=""><td>(00111)</td><td></td><td>Sevenfact[®]</td><td></td><td></td><td></td></td<>	(00111)		Sevenfact [®]			
J2502 Simponi Aria [©] J1602 Skyrizi [®] J2327 Sodium hyalurovet J7320 J7320 J7322 J7324 J7320 J7326 J7327 J7329 J7320 J7326 J7327 J7329 J7331 J7327 J7329 J7329 J7331 J7332 J7329 J7329 J7331 J7320 J7329 J7329 J7331 J7332 J7329 J7329 J747 Stemporin* J3358 J3358 Sublocade® Q9991 Q9992 Q992 J2761 Start J2781 J2781 J2781 J2326 J2369 J4900 A9006 A9007 J39241 Tezzpir J324			J7212			
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Skyrizt®J3327J3240J7320J7321J732J7324J7320J7321J7322J7329J7331J7332J7332J7339J7331J7332Somatuline® DepotJ1737J1930Foreigen® LJ1747J1747J1747J1747Stelara®J338Sublocade®Q991Q992Supprelin® LAJ338J3268J3268Syfovre™J32781J32781Synagis®J32781J328Synagis®J3236J3256TezespireJ3256J3256TezespireJ3256J3256Totidence™J358A9606A9613A9590A9606A9614A9513A9502J315TrentyalVJ315			Simponi Aria®			
J2327 Sodium hyaluronation Glum hyaluronation J7320 J732 J732 J732 J732 J732 J732 J732 J732			J1602			
Sodium hyse J7320 J7321 J7322 J7320 J7325 J7326 J7327 J7329 J7321 J7326 J7327 J7329 J7321 J7327 J7329 J7329 J7321 J7327 J7329 J7329 J7321 J7326 J7327 J7329 J7321 J7326 J7327 J7329 J731 J7327 J7329 J7329 J7321 J7326 J7326 J2781 J3536 Synagis® J2781 J2781 J2781 J2781 J2356 J3241 Tepezza® J3241 J3241 J2356 J2361 J2361 <td></td> <td></td> <td>Skyrizi[®]</td> <td></td> <td></td> <td></td>			Skyrizi [®]			
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			Sodium hyalu	ronate		
J7331J7332Somatuline® DepotJ1930Spevigo™J1930Spevigo™J1747Stafare®J3358Sublocade®Q991Q992Supprelin® LAJ9226Syrer™J2781Syngis®J3241Terezza®J3241Terapeutic ratiopharmaceuticals*A9513A9500A9606A9607A9690Toridence™Z6133Tereza®J3315			J7320	J7321	J7322	J7324
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J1930 Spevigo™ J1747 Stelara® J3358 Sublocade® Q9991 Q992 Supprelin® LA J2266 Syfovre™ J2781 Synagis® 90378 Tepezza® J3256 Therapeutic radiopharmaceuticals* A9513 A9606 A9607 A9699 Tofidence™ Z5133 A9500 A9607 A9619 II1628 II1628 II128			J7331	J7332		
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Stelara®J3358Sublocade®Q991Q992Q992Suprelin® LAJ9226Syfovre™J2781J2781Synagis®90378J3241Tepezza®J2356Therapeutic ratiopharmaceuticals*A9613A9606A9609Tofidence™IJ1232Ternfya IVJ1628Tenstar®J3315			Spevigo™			
J3358 Sublocade® Q991 Q992 J9226 J9226 Syfovre™ LA J2781 J2781 Synagis® J2781 Synagis® J3241 Tespsire J3241 Tespsire J2356 Therapeutic ratiopharmaceuticals* A9513 A9590 A9606 A9607 A9699 Tofidence™ Z5133 Temfya IV J1628 Tespsire J1628 Telstar® J3315			J1747			
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J2781Synagis®90378Tepezza®J3241TezspireJ2356Therapeutic radiopharmaceuticals*A9513A9590A9606A9607A9699Tofidence™Q5133Tremfya IVJ1628Trelstar®J3315						
Synagis [®] 90378 7epezza [®] J3241 Tezspire J2356 Therapeutic radiopharmaceuticals* A9513 A9590 A9606 A9607 A9699 Tofidence™ U U U U J132 Tremfya IV U U U U J1628 J3315 U U U U						
90378 Tepezza® J3241 Tezspire J2356 Therapeutic radiopharmaceuticals* A9513 A9590 A9606 A9607 A9699 Tofidence™ Q5133 Tremfya IV J1628 Trelstar® J3315						
Tepezza®J3241TezspireJ2356Therapeutic radiopharmaceuticals*A9513A9606A9609Tofidence™Q5133Tremfya IVJ1628Trelstar®J3315						
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A9699 Tofidence™ Q5133 Tremfya IV J1628 Trelstar® J3315						
Tofidence™ Q5133 Tremfya IV J1628 Trelstar® J3315				A9590	A9606	A9607
Q5133 Tremfya IV J1628 Trelstar [®] J3315						
Tremfya IV J1628 Trelstar [®] J3315						
J1628 Treistar® J3315						
Trelstar [®] J3315						
J3315						
Triptodur®						
			Triptodur®			
J3316			J3316			



services	Additional information	CPT [®] or HCPCS codes and/or how to obtain prior authorization				
Injectable		Tyenne™				
medications (cont.)		Q5135				
(cont.)		Tzield™				
		J9381				
		Unclassified	codes**			
		C9094	C9149	C9157	C9166	
		C9172	C9399	J3490	J3590	
		Uplizna®				
		J1823				
		Intravitreal	vascular endot	helial growth fa	actor (VEGF)	
		J0178	J0179	J2777	J2778	
		J2779	Q5124	Q5128		
		Veopoz™				
		J9376				
		Vimizim®				
		J1322				
		Vyepti®				
		J3032				
		Vyvgart®				
		J9332				
		Vyvgart [®] Hyt	rulo™			
		J9334				
		Xembify®				
		J1558				
		Xenpozyme®				
		J0218 Zoladex ®				
		J9202				
		policy for the m by the Food an Review at Laur recommended	nost up-to-date in d Drug Adminis Inch Medication I for the drugs on	nformation on dr tration (FDA) an ∟ist. Pre-determi	view at Launch for	

UHCprovider.com/policies > For Community Plans > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

*For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. To access the portal, go to **UHCprovider.com** and click on Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call **888-397-8129**.

**For unclassified and temporary codes C9094, C9149, C9157, C9166, C9172, C9399, J3490 and J3590, prior authorization is only required for Nulibry[®], Revcovi[®], Rivfloza[™], Vabysmo[®].



Procedures and services	Additional information	now to obtain prior authorization				
Inpatient admissions and post-acute services	Notification is required for admissions.					
Joint replacement Joint, total hip and knee replacement	Prior authorization is required for the codes listed.	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487	24362 27120 27134 27446 29866	24363 27125 27137 27447 29867	
Laboratory services	Prior authorization is required.	Please call Labco	orp at 800-788-9	743.		
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 the codes listed with a retail purchase or a cumulative rental cost of more than \$500. For members younger than 21 with orthotic limitation: Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively For members 21 and older: AHCCCS orthotics coverage 	L0112 L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 L1730 L1831 L1840 L1847 L1950 L2010 L2010 L2036 L2106 L2350 L2628	L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1832 L1844 L1850 L1970 L2020 L2037 L2108 L2510 L3230	L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1820 L1834 L1845 L1860 L2000 L2030 L2030 L2038 L2126 L2526 L3265	L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1830 L1836 L1846 L1945 L2005 L2034 L2005 L2034 L2060 L2136 L2627 L3649	



Procedures and services	Additional information		CS codes and/ n prior authoriz		
Orthotics and	applies if: The use of the	L3671	L3674	L3720	L3730
prosthetics (cont.)	orthotic is medically necessary as the preferred	L3740	L3763	L3764	L3900
	treatment option consistent	L3901	L3904	L3905	L3961
	with Medicare guidelines	L3971	L3975	L3976	L3977
	The orthotic is less expensive than all other treatment	L3999	L4000	L4010	L4020
	options or surgical procedures	L4350	L4392	L4394	L4631
	to treat the same diagnosed	L5010	L5020	L5050	L5060
	conditionThe orthotic is ordered by a	L5100	L5105	L5150	L5160
	 The orthotic is ordered by a physician or primary care 	L5200	L5210	L5220	L5230
	physician	L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	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 L5979	L5966	L5968
		L5976 L5982		L5980	L5981
		20002	L5984	L5986	L5987
		L5988 L6010	L5990 L6020	L5999 L6050	L6000 L6055
		L6100	L6020 L6110	L6050 L6120	L6055 L6130
		L6200	L6205	L6120	L6300
		L6200	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
		20/10		20001	20002



Procedures and services	Additional information	CPT [®] or HC how to obta				
Orthotics and prosthetics (cont.)		L6883 L6900 L6920 L6940 L7007 L7045 L7185 L7405 L8044 L8499 L8631		L6884 L6905 L6925 L6945 L7008 L7170 L7186 L8040 L8045 L8049 L8609 L8659	L6885 L6910 L6930 L6950 L7009 L7180 L7190 L8042 L8046 L8610	L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8043 L8047 L8612
Out-of-network services	Prior authorization is required for all out-of- network services.					
Out-of-state services	Benefit only approved when service is emergent or unavailable in the state of Arizona.					
Outpatient therapy — occupational and physical therapy	For members younger than 21: Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity. • Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits For QMB members: Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity. • Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits For members 21 and older: Prior authorization is not required for occupational and physical therapy.	97022 97034 97113	97014 97026 97039 97116 97535	97016 97028 97110 97124 97799	97018 97033 97112 97140 G0281	
Outpatient therapy — speech therapy	For members younger than 21: Speech therapy services are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical	92507	92508	92526		



Procedures and services	Additional information	CPT [®] or HCPCS codes and/or how to obtain prior authorization				
Outpatient therapy	necessity.					
speech therapy (cont.)	• 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: Outpatient speech therapy is not a covered benefit					
	For QMB members: Speech therapy services are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity.					
	• Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits					
Pain injections and management	Prior authorization is required.	64490	64493			
Pharmacy drugs	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunity plan > Pharmacy Resources and Physician Administered Drugs. Service requests <u>must</u> include "J" Codes and NDC Codes for the medication requested. The following hemophilia factor/biotech drugs are included on the prior authorization list: Aldurazyme® Ceprotin® Cerezyme® Cimzia® Cinryze® Elaprase® Elelyso® Fabrazyme® Juxtapid® Kalydeco® Kuvan® Kynamro Lumizyme® Orfadin® VPRIV® Zolgensma®	90378 J1300 J1429 J2840 J3399 For pharmacy pri Pharmacy Prior / Phone: 800-310 - Fax: 866-940-73 : For specialty pha 866-940-7328 . Fax forms are av > Pharmacy Res Pharmacy Prior / Forms For specif medication and u that drug.	Authorization Ser 6826 28 armacy prior auth vailable at UHCpr ources and Phys Authorization > P fic medications lis	vice by 1 of the f orization, please rovider.com/AZ ician Administer harmacy Prior Au sted in this sectio	fax fax communityplan ed Drugs > uthorization n, click on the	
Potentially	Prior authorization is required.	33289	C2624			

United Healthcare Community Plan

Procedures and services	Additional information	CPT [®] or HCPCS how to obtain pr		on		
unproven services						
Pregnancy termination	Prior authorization is required for the codes listed. Prior authorization includes mifepristone, Mifeprex [®] or RU- 486.	59840 59852	59841 59855	59850 59856	59851 59857	
	Clinical documentation and the certificate of medical necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.					
	For more information, please review AMPM Chapter 400, Section 410 Section E Pregnancy Termination at azahcccs.gov > Resources > Guides-Manuals- Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination.					
	The Certificate of Medical Necessity For Pregnancy Termination can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.					
Private-duty nursing	Prior authorization is required for the codes listed.	T1002	T1003			
Prostate procedures	Prior authorization is required.	37243 53852	52441 55873	52442 55874	53850	
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization is required for the codes listed.	77520	77522	77523	77525	
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to t scheduling the procedure.				
	 imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	For prior authorization Prior Authorization a Provider Portal. Go t UnitedHealthcare Pr Then, select the Prior Provider Portal dash	nd Notification to o <u>UHCprovider.</u> ovider Portal butt or Authorization a	ol on UnitedHeal com and click on ton in the top-righ nd Notification to	thcare the nt corner.	
		For more details and authorization, please > Prior Authorization Authorization and No	e visit UHCprovid and Notification	der.com/AZcom Resources > Ra		



Procedures and services	Additional information		PCS codes and in prior author		
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization is required for the codes listed.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization is required.	Musculoske 23470* 29805* 29820* 29825* *SOS also ap	23472* 29806* 29822* 29826*	23473* 29807* 29823* 29827*	23474* 29819* 29824* 29828*
Sinuplasty	Prior authorization is required for the codes listed.	31295	31296	31297	31298
Site of service (SOS) — outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting.	Auditory sys 69205			
	Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).	Cardiovascu 36590	36832		
		Carpal tunne 64721 Cataract sur			
		66821 Colonoscop	66982	66984	
		45378 Cosmetic an	45380 d reconstructive	45384 e	45385
		13101 14301 Digestive sy	13132 21552 stem	14040 21931	14060
		42415 43237	42440 43238	43200 43242	43236 43245
		43246 43254	43247 43255	43248 43259	43251 44360
		44361 45381 46040	45171 45390 46050	45334 45990 46200	45335 46020 46220
		46221 46270	46250 46275	46255 46288	46220 46261 46505
		46750 Ear, nose a n	46910 id throat (ENT) p	46946 rocedures	
		21320 69631	30140	30520	69436
		Eye and ocu			
		65710 66711	65820 66825	66250 66986	66710 66987



SOS) — outpatient ospital (cont.) 60101 68110 671103 67113 67740 67420 68110 68115 68320 68720 68115 57240 57250 57461 57520 58561 58562 58563 58563 58563 57520 57451 58563 58563 58563 58565 58565 58563 58558 58563 10121 11440 11450 11624 10121 11440 11624 11624 10121 11440 11624 11624 10121 11440 11624 11624 10121 11440 11624 11912 15240 19020 19120 19125 Liver biopsy 47000 54840 11624 Miscellaneous 20650 20553 21012 21013 21336 2155 21556 21556 21556 12930 22020 22033 23071 23075 24071 27327 <	Procedures and services	Additional information	CPT [®] or HCPC how to obtain _l			
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68110 68115 68320 68720 68815	hospital (cont.)		67105	67108	67113	67840
Fenale genital system 57240 57250 57461 57520 58561 58562 58563 57522 58353 58563 58565 58565 58565 Hernic and lym>truct system 38500 38510 38525 Hernia repair 49505 49651 49651 10121 11440 11450 11624 11770 13121 15100 15120 15240 19020 19120 19125 47000 15240 19020 19120 19125 54840 15240 15200 15120 15120 15240 19020 19120 19125 15120 20582 20553 2013 20151 20151 20552 20553 2012 20131 21136 21336 21554 21555 21556 21556 21336 21554 21555 21556 21556 21336 21554 21555 <td< td=""><td>• ()</td><td></td><td>68110</td><td>68115</td><td>68320</td><td>68720</td></td<>	• ()		68110	68115	68320	68720
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29879 29880 29881 29882 29888 29893 G0260 Nervous system						
29888 29893 G0260 Nervous system						
Nervous system						
			64561	64640		



Procedures and services	Additional information		CS codes and n prior authori			
Site of service		Ophthalmologic				
(SOS) — outpatient hospital (cont.)		65426	65730	65855	66170	
		66761	67028	67036	67040	
		67228	67311	67312		
		Respiratory s	vstem			
		30802	30930	31525	31535	
		31536	31541	31624		
			and adenoided	ctomv		
		42820	42821	42825	42826	
		42830				
			ntestinal endos	vaos		
		43235	43239	43249		
		Urinary syster				
		52276	52287	52320	52344	
		Urologic proc				
		50590	52000	52005	52204	
		52224	52234	52235	52260	
		52281	52310	52332	52351	
		52352	52353	52356	55040	
		55700	57288			
Skilled nursing facility services	Prior authorization is required.					
Sleep apnea procedures and surgeries Maxillomandibu-lar advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required for the codes listed.	21685	41599	42145		
	Prior authorization is required for	E0250	E0251	E0255	E0256	
beds	the codes listed.	E0260	E0261	E0280	E0290	
		E0291	E0292	E0293	E0294	
		E0295	E0301	E0303	E0315	
		E0316	E0462			
Spinal surgery	Prior authorization is required for the codes listed.	22100	22101	22102	22110	
		22112	22114	22206	22207	
		22210	22212	22214	22220	
		22224	22510	22511	22512	
		22513 22548	22515 22551	22532 22554	22533 22556	
		22548 22558	22551 22590	22554 22595	22556	
		22610	22612	22630	22633	
		22010		22000	22000	



Procedures and services	Additional information		CS codes and n prior author		
Spinal surgery		22800	22802	22804	22808
(cont.)		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	22514*	0098T	
		*SOS also appli	es.		
Sterilization	Prior authorization is required for	52601	52630	52647	52648
	the codes listed.	52649	55250	55801	55821
	For all members younger than	55831	58600	58605	58611
	21: Prior authorization required	58615	58670	58671	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 Implantation of a device that sends	Prior authorization is required.	Bone growth s E0747 Neurostimulator	E0748	E0749	



Procedures and services	Additional information	CPT [®] or HCPCS codes and/or how to obtain prior authorization					
electrical impulses		43648	43882	61863	61864		
		61867	61868	61885	61886		
		63650	63655	63685	64553		
		64555	64568	64570	64590		
		L8680	L8682	L8685	L8686		
		L8687	L8688	20003	Loooo		
Transplant services	Prior authorization is required for the codes listed. Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.	Abecma® (ideca maraluecel), Ca (tisagenlecleuce Tecartus® (brex (axicabtagene of Community and 418-4994 or the health plan ID of 32850 32854 33933 33945 38212 38240 44133 44715 47145 47145 47145 47147 50300 50340 50547 CAR T-cell the J9999 Q2054 *Code 38232 w diagnosis.	32851 32855 33935 38208 38213 38241 44135 44720 47140 47144 48551 50320 50360 38232*	Pi), Breyanzi® (listagene autoleuce votibeglogene au leucel) and Yesc call the UnitedH teucel) and Yesc call the UnitedH tecase Manageme ber on the back of 32852 33940 38209 38214 38242 44136 44721 47141 47145 48552 50365 J3392 Q2042 Q2056	Cocabtagene Pal), Kymriah® utotemcel), arta® ealthcare ent Team at 800 - of the member's 32853 33930 33944 38210 38215 44132 44137 47133 47142 47146 48554 50325 50370 J3394 Q2053		
Toos on entertion	J3590 ly™, Tecelra™.						
Transportation	Transportation Prior authorization is required for non-emergent taxi and stretcher van.	To schedule transportation, please call Medical Transportation Management (MTM) at 888-700-6822.					
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous	Prior authorization is required for the codes listed.	36473 37718 37780	36475 37722	36478 37765	37700 37766		



Procedures and services	Additional information	CPT [®] or HCPCS codes and/or how to obtain prior authorization				
disease and varicose veins of the extremities						
Ventricular assist devices (VAD) A mechanical pump	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.				
that takes over the function of the damaged ventricle of		33927	33928	33929	33975	
		33976	33979	33981	33982	
the heart and restores normal blood flow		33983	Q0507	Q0508	Q0509	
Wound vac	Prior authorization is required for the code listed.	E2402				

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