

# Prior authorization requirements for Arizona Complete Health Medicaid

Effective March 1, 2024

## 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 one of the following:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To access the portal, go to [UHCprovider.com](https://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	<p><b>For members younger than 21:</b></p> <p>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 21 and older:</b></p> <p>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is <b>not</b> a covered benefit.</p> <p>Allergy testing, including testing for</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Allergy immunotherapy (cont.)</b>	<p>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. <b>Prior authorization is required for allergy testing when it meets the criteria above</b></li> </ul>				
<b>Augmentative and alternative communication</b>	Prior authorization is required for the codes listed.	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
<b>Bariatric surgery</b>	Prior authorization is required for the codes listed.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health</b>	<p><b>For members with serious mental illness (SMI):</b></p> <p>Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program. For assistance call <b>800-348-4058</b>.</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>Psychological testing</li> <li>Out-of-state placement</li> <li>Residential behavioral health facility – level II (Group home H0018)</li> <li>Residential treatment center – level 1</li> </ul> <p>For ABA therapy, submit via fax or Provider Express.</p>			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization is required for the codes listed.	20975	20979	E0760	
<b>Breast cancer (BRCA) genetic testing</b>	<p>Prior authorization is required for the codes listed.</p> <p>Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.</p>	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other	Prior authorization is required for the codes listed.	11971 19328 19350 19367	19316 19330 19357 19368	19318 19340 19361 19369	19325 19342 19364 19370

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
than following mastectomy		19371	19380	19396	L8600

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

<b>Cardiology</b>	Prior authorization is required for participating physicians for outpatient and office-based	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the			
-------------------	----------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance.	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: <a href="https://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification 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	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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
		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				
<b>Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)</b>	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
<b>Chemotherapy</b>	Prior authorization is 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> </ul>			

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

- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code

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](http://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**.

<b>Circumcision</b>	<b>Routine circumcision is <u>not</u> a covered benefit.</b>  Prior authorization required <u>only</u> for cases with documented medical necessity.	54161	54162		
---------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	-------	-------	--	--

<b>Cochlear and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	<b>For members younger than 21:</b>  Prior authorization is required for the codes listed.	69710	69714	69930	L8614
	<b>For members 21 and older:</b> <ul style="list-style-type: none"> <li>• Prior authorization required for supplies, equipment maintenance and repair of component parts</li> <li>• Hardware is <u>not</u> a covered benefit.</li> <li>• Clinical documentation <u>must</u> accompany and establish medical necessity for this service request</li> </ul>	L8619	L8690	L8691	L8692

<b>Continuous glucose monitor</b>	Prior authorization is required with Type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
-----------------------------------	-----------------------------------------------------------------	-------------------------	----------------	----------------	----------------

<b>Cosmetic and reconstructive</b> That change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization is required for the codes listed.	11960	14020*	14021*	14041
		14061*	15823	15830	15847
	Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.	17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
67906	67908	67909	67911		
67912	67914	67915	67916		
67917	67921	67922	67923		
67924	67950	67961	67966		

\*Will NOT require prior auth when billed with skin cancer diagnoses

<b>Dental services</b>	For prior authorization requirements, please call UnitedHealthcare dental at <b>855-812-9208</b> .
------------------------	----------------------------------------------------------------------------------------------------



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

<b>Diabetic supplies</b>	<p>Diabetic supplies are provided by the local pharmacy.</p> <p>Prior authorization for talking glucometers is available through the medical prior authorization process.</p>	<p>To locate contracted health care professionals or vendors, please visit <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental &amp; Vision Plans Information.</p>
--------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>Durable medical equipment (DME)</b>	<p>To request DME items, please call Preferred Homecare at <b>800-636-2123</b>.</p> <p>Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500</p>	<p>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 <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental &amp; Vision Plans Information.</p>
----------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

These DME items are not covered by Preferred Homecare:

- Bone stimulators
- Diabetic supplies
- Enclosed beds
- Insulin pumps
- Percussion vests
- Specialty beds
- Wound vacs

Prosthetics are not DME – see orthotics and prosthetics.

E0194	E0265	E0266	E0270
E0300	E0445	E0457	E0465
E0466	E0483	E0486	E0620
E0636	E0638	E0641	E0642
E0656	E0669	E0670	E0675
E0693	E0694	E0700	E0710
E0745	E0766	E0784	E0984
E0986	E1002	E1003	E1004
E1005	E1006	E1007	E1008
E1009	E1010	E1030	E1035
E1036	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	





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

<p><b>Enteral services/parenteral/oral</b></p> <p>In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplements</p>	<p>To request services and/or supplies, please call Preferred Homecare at 800-636-2123.</p>	<p><b>Clinical documentation and oral supplement certificate of medical necessity as applicable <u>must</u> accompany and establish medical necessity for this service request.</b></p> <p><b>For members younger than 21:</b> For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 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; 430, EPSDT Services &gt; 430-10.</p> <p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements 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; 430-2.</p> <p><b>For members 21 and older:</b> Please review AMPM Chapter 300, Policy 310-GG at <a href="http://azahcccs.gov">azahcccs.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; 310, Covered Services &gt; 310-GG.</p> <p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements 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 300, Medical Policy for Covered Services &gt; Chapter 300 - Overview &gt; Attachment C.</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>Experimental and investigational services (and/or linked services)</b></p>	<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 <a href="http://azahcccs.gov">azahcccs.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; 320, Services With Special Circumstances &gt; 320-B.</p>	<p>33477 A4638</p>	<p>36514 A9274</p>	<p>64722 E1831</p>	<p>66180</p>
----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------	------------------------	------------------------	--------------

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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	treat diseases and conditions of the eye.				
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization is required for the codes listed.	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization is required for the codes listed.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic testing</b>	Prior authorization is 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 800-788-9743.	81405	81406	81407	81408
		81415	81416	81460	81479
		86353	88245	88248	88249
		88261	88262	88263	88264
		88267	88269	88271	88272
		88273	88274	88275	88280
		88283	88285	88289	88291
		88299			
		<b>Biomarker Codes</b>			
		81313	81327	81435	81490
<b>Hearing services</b>	<b>For members younger than 21:</b>	92590	92591	92592	92593
Hearing evaluations and hearing aids	Prior authorization is not required.	92594	92595	V5010	V5011
	<b>For members 21 and older:</b>	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		
<b>Home health care services</b>	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
<b>Hysterectomy</b>	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	58294	58541	58542
		58543	58544	58548	58550
		58552	58553	58554	58570
		58571	58572	58573	58951
		58953	58954	58956	59525
<b>Incontinence supplies</b>	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> .			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Infusion in-home services</b>	Prior authorization is required for all services not covered by Optum Infusion.	To request services and/or supplies, please call Optum Infusion 888-705-4470.			
<b>Injectable medications for in-home usage</b>	Prior authorization is required for all medications not covered by Optum Infusion.	To request medications, please call Optum Infusion 888-705-4470.			
<b>Injectable medications</b>	Prior authorization is required for the codes listed.	<b>Actemra®</b> J3262			
	<b>Do Not Start Case – direct health care professional using the information below:</b>	<b>Acthar</b> J0801			
	To submit a prior authorization request and, for UnitedHealthcare commercial non-PAR healthcare professionals, to submit a pre-determination request the health care professional must go to the UnitedHealthcare Provider Portal at <a href="http://UHCprovider.com">UHCprovider.com</a> . To access the portal click Sign In in the top-right corner and sign in using your One Healthcare ID. Then follow this pathway:	<b>Adakveo®</b> J0791			
	Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications	<b>Aduhelm®</b> J0172			
	For questions about this online authorization process, the provider may call Optum® Specialty Guidance Program (SGP): 877-881-7618	<b>Amondys 45™</b> J1426			
		<b>Amvuttra™</b> J0225			
		<b>Apretude™</b> J0739			
		<b>Aralast NP, Prolastin-C, Zemaira</b> J0256			
		<b>Avsola™</b> Q5121			
		<b>Benlysta</b> J0490			
		<b>Berinerit</b> J0597			
		<b>Botulinum toxins</b> J0585                      J0586                      J0587                      J0588			
		<b>Brineura™</b> J0567			
		<b>Briumvi®</b> J2329			
		<b>Cabenuva™</b> J0741			
		<b>Cimerli™</b> Q5128			
		<b>Cinqair®</b> J2786			
		<b>Cortrophin Gel</b> J0802			
		<b>Crysvita®</b> J0584			

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

Injectable medications (cont.)		<b>Cutaquig®</b>
		J1551
		<b>Elevidys®</b>
		J1413
		<b>Elfabrio®</b>
		J2508
		<b>Entyvio®</b>
		J3380
		<b>Enjaymo™</b>
		J1302
		<b>Esperoct®</b>
		J7204
		<b>Evenity™</b>
		J3111
		<b>Evkeeza™</b>
		J1305
		<b>Fasentra™</b>
		J0517
		<b>Fensolvi®</b>
		J1951
		<b>Feraheme®</b>
		Q0138
		<b>Firmagon®</b>
		J9155
		<b>Fylintra®</b>
		Q5130
		<b>Gamifant®</b>
	J9210	
	<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>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1459	J1554	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
	<b>Korsuva®</b>	J0879			
	<b>Krystexxa®</b>	J2507			
	<b>Lamzede®</b>	J0217			
	<b>Lanreotide®</b>	J1932			
	<b>Lemtrada®</b>	J0202			
	<b>Leqembi®</b>	J0174			
	<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			
	<b>Nplate®</b>	J2796			
	<b>Nucala®</b>	J2182			
	<b>Qalsody®</b>	J1304			
	<b>Ocrevus™</b>	J2350			
	<b>Octreotide Acetate</b>	J2354			
	<b>Orencia®</b>				

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

Injectable medications (cont.)		J0129
		<b>Onpattro™</b>
		J0222
		<b>Panzyga®</b>
		J1576
		<b>Parsabiv™</b>
		J0606
		<b>Prolia®</b>
		J0897
		<b>Radicava®</b>
		J1301
		<b>Reblozyl®</b>
		J0896
		<b>Releuko®</b>
		Q5125
		<b>Remicade®</b>
		J1745
		<b>Renflexis®</b>
		Q5104
		<b>Riabni™</b>
		Q5123
		<b>Rituxan®</b>
		J9312
		<b>Rituxan Hycela®</b>
		J9311
		<b>Roctavian®</b>
		J1412
		<b>Ruconest®</b>
		J0596
		<b>Ruxience®</b>
		Q5119
	<b>Ryplazim™</b>	
	J2998	
	<b>Rystiggo®</b>	
	J9333	
	<b>Sandostatin® LAR</b>	
	J2353	
	<b>Saphnelo®</b>	
	J0491	
	<b>Scenesse®</b>	
	J7352	
	<b>Sevenfact®</b>	
	J7212	

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

Injectable medications (cont.)	<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>Sunlenca®</b>				
	J1961				
	<b>Supprelin® LA</b>				
	J9226				
	<b>Syfovre</b>				
	J2781				
	<b>Synagis</b>				
	90378				
	<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>Tzield™</b>					
J9381					

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

Injectable medications (cont.)		<b>Unclassified codes**</b>			
		C9094	C9149	C9157	C9160
		C9161	C9162	C9399	J3490
		J3590			
		<b>Uplizna®</b>			
		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>Vyvgart Hytrulo®</b>				
	J9334				
	<b>Xembify®</b>				
	J1558				
	<b>Xenpozyme®</b>				
	J0218				
	<b>Zoladex®</b>				
	J9202				

Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at [UHCprovider.com/policies](http://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](http://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, C9160, C9161, C9162, C9399, J3490 and J3590, prior authorization is only required for Adzynma\*\*\*, Daxxify\*\*\*, Eylea HD\*\*\*, Izervay, Nulibry, Revcovi, Vabysmo, Veopoz, Vyjuvek  
\*\*\*Adzynma, Daxxify and Eylea HD effective 4/1/24

<b>Inpatient admissions- and post-acute services</b>	Notification is 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>
------------------------------------------------------	------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Joint replacement</b> Joint, total hip and knee replacement	Prior authorization is 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 is required.	Please call LabCorp at 800-788-9743				
<b>Non-emergent air ambulance transport</b>	Prior authorization is required for the codes listed.	A0430	A0431	A0435	A0436	
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization is required for the codes listed.	21121	21123	21125	21127	
		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 is required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462	
		L0464	L0480	L0482	L0484	
		L0486	L0624	L0629	L0631	
		L0632	L0634	L0636	L0637	
		<b>For members younger than 21 with orthotic limitation:</b>	L0638	L0640	L0700	L0710
	<ul style="list-style-type: none"> <li>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</li> </ul>	L0810	L0820	L0830	L0859	
		L0861	L1000	L1005	L1200	
		L1300	L1310	L1499	L1680	
		L1685	L1700	L1710	L1720	
		L1730	L1755	L1820	L1830	
		L1831	L1832	L1834	L1836	
		<ul style="list-style-type: none"> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively</li> </ul>	L1840	L1844	L1845	L1846
			L1847	L1850	L1860	L1945
			L1950	L1970	L2000	L2005
		<ul style="list-style-type: none"> <li>AHCCCS orthotics coverage applies if: The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines</li> <li>The orthotic is less expensive than all other treatment options</li> </ul>	L2010	L2020	L2030	L2034
	L2036		L2037	L2038	L2060	
	L2106		L2108	L2126	L2136	
	L2350		L2510	L2526	L2627	
	L2628		L3230	L3265	L3649	
	L3671		L3674	L3720	L3730	
	L3740		L3763	L3764	L3900	
	L3901		L3904	L3905	L3961	
L3971	L3975		L3976	L3977		
L3999	L4000		L4010	L4020		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>	or surgical procedures to treat the same diagnosed condition	L4350	L4392	L4394	L4631
	• The orthotic is ordered by a physician or primary care physician	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		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	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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		
<b>Out-of-network services</b>	Prior authorization is 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.				
<b>Outpatient therapy - occupational and physical therapy</b>	<p><b>For members younger than 21:</b></p> <p>Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity.</p> <ul style="list-style-type: none"> <li>• Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul> <p><b>For QMB members:</b></p> <p>Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity.</p> <ul style="list-style-type: none"> <li>• Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul> <p><b>For members 21 and older:</b></p> <p>Prior authorization is not required for occupational and physical therapy.</p>	97012	97014	97016	97018
		97022	97026	97028	97033
		97034	97039	97110	97112
		97113	97116	97124	97140
		97530	97535	97799	G0281
		G0283			
<b>Outpatient therapy – speech therapy</b>	<p><b>For members younger than 21:</b></p> <p>Speech therapy services are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity.</p> <ul style="list-style-type: none"> <li>• Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul> <p><b>For members 21 and older:</b></p> <p>Outpatient speech therapy is <b>not</b> a covered benefit</p>	92507	92508	92526	

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

**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

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

<b>Pharmacy drugs</b>	A list of medications requiring prior authorization is available at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Pharmacy Resources and Physician Administered Drugs.	90378	J0224	J0717	J1290
	<b>Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.</b>	J1300	J1303	J1427	J1428
	The following hemophilia factor/biotech drugs are included on the prior authorization list:	J1429	J1786	J2326	J2357
	<ul style="list-style-type: none"> <li>• Aldurazyme®</li> <li>• Ceprotin®</li> <li>• Cerezyme®</li> <li>• Cimzia®</li> <li>• Cinryze®</li> <li>• Elaprase®</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>• VPRIV®</li> <li>• Zolgensma®</li> </ul>	J2840	J3060	J3385	J3398
		J3399			

For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by one of the following:

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](http://UHCprovider.com/AZcommunityplan) > Pharmacy Resources and Physician Administered Drugs > Pharmacy Prior Authorization > Pharmacy Prior Authorization Forms For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.

<b>Potentially unproven services</b>	Prior authorization is required.	33289	C2624		
--------------------------------------	----------------------------------	-------	-------	--	--

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

CPT® is a registered trademark of the American Medical Association.  
 PCA-5-23-01082-Clinical-FLYR\_05192023



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

For more information, please review AMPM Chapter 400, Section 410 Section E Pregnancy Termination at [azahcccs.gov](http://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](http://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 is required for the codes listed.	T1002	T1003		
-----------------------------	-------------------------------------------------------	-------	-------	--	--

<b>Prostate procedures</b>	Prior authorization is required.	37243	52441	52442	53850
		53852	55873	55874	

<b>Proton beam therapy</b> 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
---------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------	-------	-------	-------	-------

<b>Radiology</b>	<p>Prior authorization is 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>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://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 tool 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="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p>			
------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization is required for the codes listed.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

<b>Shoulder surgery</b>	Prior authorization is required.	<b>Musculoskeletal system</b>			
		23470	23472	23473	23474
		29806	29807	29819	29822



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		29823	29824	29825	29826
		29827	29828		
<b>Sinuplasty</b>	Prior authorization is required for the codes listed.	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization is only required when requesting service in an outpatient hospital setting.				
	Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).				
		<b>Auditory system</b>			
		69205			
		<b>Cardiovascular system</b>			
		36590	36832		
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive system</b>			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		<b>Ear, nose and throat (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>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		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			
	<b>Musculoskeletal system</b>				
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22902	22903	23071
		23075	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 and adenoidectomy</b>				



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Site of service (SOS) – outpatient hospital (cont.)</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 nursing facility services</b>	Prior authorization is required.			
<b>Sleep apnea procedures and Surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required for the codes listed.	21685	41599	42145	
<b>Specialty / enclosed beds</b>	Prior authorization is 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 is required for the codes listed.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22515	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075

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

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 applies

<b>Sterilization</b>	Prior authorization is required for the codes listed.	52601	52630	52647	52648
		52649	55250	55801	55821
<b>For all members younger than 21:</b>	Prior authorization required	55831	58600	58605	58611
		58615	58670	58671	58700
<p><b>Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.</b></p> <p>For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization 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; 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>					

<b>Stimulators</b>	Prior authorization is required.	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	
Implantation of a device that sends electrical impulses		<b>Neurostimulator</b>			
		43648	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
		L8687	L8688		

<b>Transplant services</b>	Prior authorization is required for the codes listed.	For transplant and CAR T-Cell therapy services including Abecma® (idecaptivegen cicleucel), Breyanzi® (lisocabtagene maralucecel),			
----------------------------	-------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------	--	--	--

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<b>Clinical documentation to support the need for transplants <u>must accompany and establish medical necessity for service request.</u></b>	Carvykti™ (ciltacabtagene autoleucl), Kymriah™ (tisagenlecleucl), Tecartus™ (brexucabtagene autoleucl) and Yescarta™ (axicabtagene ciloleucl), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> 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		
		<b>CAR T-cell therapy:</b>			
		0537T	0538T	0539T	0540T
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		<b>Temporary and Unclassified**:</b>			
		C9399	J3490	J3590	
		**Casgevy and Lantidra effective 4/1/24			
<b>Transportation</b>	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.			
<b>Vein procedures</b>	Prior authorization is required for the codes listed.	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
<b>Ventricular assist devices (VAD)</b>	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Wound vac	Prior authorization is required for the code listed.	E2402

© 2023 United HealthCare Services, Inc