

# Prior authorization requirements for developmentally disabled Arizona members

Effective October 1, 2023

## General information

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

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

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

### Please note

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Allergy immunotherapy	<p><b>For members younger than 21:</b> 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> 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>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Allergy immunotherapy (cont.)</b>	<p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none"> <li>Sustained an anaphylactic reaction to an unknown allergen</li> <li>Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc.</li> </ul> <p><b>Prior authorization is required for allergy testing when it meets the criteria above.</b></p>				
<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>Prior authorization is required for inpatient admissions.</p> <p>Prior authorization is required for outpatient services listed. Second level review required by the division for out-of-state service requests.</p>	<p>The following benefits and/or codes require prior authorization:</p> <ul style="list-style-type: none"> <li>Acute inpatient admission</li> <li>Applied behavior analysis (ABA)</li> <li>Electroconvulsive therapy</li> <li>Home care training client (S5109)</li> <li>Out-of-state placement</li> <li>Psychological testing</li> <li>Behavioral health Residential Facility – level II (Group home H0018)</li> <li>Residential Treatment Center – level 1</li> <li>Transcranial magnetic stimulation</li> </ul> <p>For ABA therapy, submit via fax or Provider Express.</p>			
<b>Bone growth stimulator</b> 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</p>	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	LabCorp at 800-533-0567 for review and processing.				
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except for after 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
<b>Cancer supportive care</b>	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents 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><u>Antiemetic drugs that requires prior authorization:</u></b></p> <p>J1456</p> <p><b>Colony Stimulating Factors</b> J1449</p> <p><b>Erythropoiesis-Stimulating Agents</b> J0885</p>			

**Procedures and services**

**Additional information**

**CPT® or HCPCS codes and/or how to obtain prior authorization**

For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to [UHCprovider.com](https://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>Cardiology</b>	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology 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. 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> .			
<b>Cardiovascular</b>	Prior authorization is required.	93580			
<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> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul> <p>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>Circumcision</b>	Routine circumcision is <b>not</b> a covered benefit. Prior authorization is required <b>only</b> for cases with documented medical necessity.	54150	54160	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 achieves conversational	<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 <b>not</b> a covered benefit</li> </ul> Clinical documentation <b>must</b>	L8619	L8690	L8691	L8692

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
speech	accompany and establish medical necessity for this service request.				
<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> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization is required for the codes listed. Services or items furnished solely for cosmetic purposes are <b>excluded</b> from AHCCCS coverage.	11960 14061* 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	14020* 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14021* 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14041 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 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> .  For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D1 at <a href="http://azahcccs.gov">azahcccs.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-D1.				
<b>Diabetic supplies</b>	Diabetic supplies are provided by the local pharmacy.  Prior authorization for talking glucometers is available through the medical prior authorization process.				To locate contracted health care professionals or vendors, please visit <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.
<b>Durable medical equipment (DME)</b>  *Requires prior authorization regardless of dollar amount	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.  To request DME items, please call Preferred Homecare at 800-636-2123.				For services not covered by Preferred Homecare, please review the UnitedHealthcare Community Plan of Arizona Provider Manual for a list of contracted vendors related to DME products at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.  E0194 E0300 E0265 E0445 E0266 E0457 E0270 E0465

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>DME (cont.)</b>	These DME items are <u>not</u> covered by Preferred Homecare: <ul style="list-style-type: none"> <li>• Bone stimulators</li> <li>• Diabetic supplies</li> <li>• Enclosed beds</li> <li>• Insulin pumps</li> <li>• Percussion vests</li> <li>• Specialty beds</li> <li>• Wound vacs</li> </ul> Prosthetics are not DME – see orthotics and prosthetics	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	

**Enteral services/parenteral/oral**  
 In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplements

To request services and/or supplies, please call Preferred Homecare at 800-636-2123.

**Clinical documentation and oral supplement certificate of medical necessity, as applicable, must accompany and establish medical necessity for this service request.**

**For members younger than 21:**

For more information, please review AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 at [azahcccs.gov](http://azahcccs.gov) > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10.

The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at [azahcccs.gov](http://azahcccs.gov) > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**For members 21 and older:**

Please review AMPM Chapter 300, Policy 310-GG at [azahcccs.gov](http://azahcccs.gov) > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG.

The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at [azahcccs.gov](http://azahcccs.gov) > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.

<b>Experimental or investigational (and/or linked services)</b>	Prior authorization is required for all services considered experimental and/or investigational. For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at <a href="http://azahcccs.gov">azahcccs.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.	33477 A4638	36514 A9274	64722 E1831	66180
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<b>Eye care/optometry</b>	<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 treat diseases and conditions of the eye.</p>	For member eye care services, please call Nationwide Vision at 480-961-1702.			
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<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 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Genetic testing</b>	Prior authorization is required for all services not covered by LabCorp.	81265 81325	81302 81401	81321 81403	81323 81404

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	To determine prior authorization requirements, please call LabCorp at 800-788-9743.	81405 81415 81465 88248 88263 88271 88275 88289	81406 81416 81479 88249 88264 88272 88280 88291	81407 81417 86353 88261 88267 88273 88283 88299	81408 81460 88245 88262 88269 88274 88285
		<b>Biomarker Codes</b>			
		81313	81327	81435	81490
<b>Hearing aids and services</b> Hearing evaluations and hearing aids	<b>For members younger than 21:</b> Prior authorization is not required.  <b>For members 21 and older:</b> Prior authorization is required.	92590 92594 V5014 V5060 V5190 V5244 V5248 V5252 V5256 V5260 V5267	92591 92595 V5030 V5095 V5230 V5245 V5249 V5253 V5257 V5261 V5298	92592 V5010 V5040 V5100 V5242 V5246 V5250 V5254 V5258 V5262	92593 V5011 V5050 V5120 V5243 V5247 V5251 V5255 V5259 V5263
<b>Home health care</b>	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
<b>Hospice</b>	Prior authorization is required for the codes listed.				
<b>Hysterectomy</b>	Prior authorization is required for the codes listed.	58150 58210 58263 58280 58292 58542 58550 58570 58951 59525	58152 58240 58267 58285 58293 58543 58552 58571 58953	58180 58260 58270 58290 58294 58544 58553 58572 58954	58200 58262 58275 58291 58541 58548 58554 58573 58956
<b>Incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request incontinence supplies, please call Preferred Homecare at 800-636-2123.			
<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 800-985-3059			
<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 800-985-3059			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Injectable medications</b>	<p>Prior authorization is required for the codes listed.</p> <p><b>Do Not Start Case – direct health care professional using the information below:</b></p> <p>To submit a prior authorization request and for UnitedHealthcare commercial non-PAR health care professionals to submit a pre-determination request, you must log in to <a href="https://UHCprovider.com/priorauth">UHCprovider.com/priorauth</a> Main Menu and select Submission and Status within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call Optum® Specialty Guidance Program (SGP): 877-881-7618</p>	<b>Actemra®</b>				
		J3262				
		<b>Acthar</b>				
		J0801				
		<b>Adakveo®</b>				
		J0791				
		<b>Aduhelm®</b>				
		J0172				
		<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>Berinert</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				
		<b>Cutaquig®</b>				
		J1551				
		<b>Enjaymo™</b>				
		J1302				
		<b>Entyvio®</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J3380			
	<b>Esperoct®</b>	J7204			
	<b>Evenity™</b>	J3111			
	<b>Evkeeza™</b>	J1305			
	<b>Fasenra™</b>	J0517			
	<b>Fensolvi®</b>	J1951			
	<b>Feraheme®</b>	Q0138			
	<b>Firmagon®</b>	J9155			
	<b>Fynetra®</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>	J1459	J1554	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
	<b>Korsuva®</b>	J0879			
	<b>Krystexxa®</b>	J2507			
	<b>Lanreotide®</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)		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>Ocrevus™</b>		
		J2350		
		<b>Octreotide Acetate</b>		
		J2354		
		<b>Onpattro™</b>		
	J0222			
	<b>Orencia®</b>			
	J0129			
	<b>Panzyga®</b>			
	J1576			
	<b>Parsabiv™</b>			
	J0606			
	<b>Probuphine®</b>			
	J0570			
	<b>Prolia®</b>			
	J0897			
	<b>Radicava®</b>			
	J1301			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		<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>Ruconest®</b>			
		J0596			
		<b>Ruxience®</b>			
		Q5119			
		<b>Ryplazim™</b>			
		J2998			
		<b>Sandostatin® LAR</b>			
		J2353			
		<b>Saphnelo®</b>			
		J0491			
		<b>Scenesse®</b>			
		J7352			
		<b>Sevenfact®</b>			
		J7212			
		<b>Signifor® LAR</b>			
		J2502			
	<b>Simponi Aria®</b>				
	J1602				
	<b>Skyrizi®</b>				
	J2327				
	<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Somatuline® Depot</b>				
	J1930				
	<b>Spevigo®</b>				
	J1747				
	<b>Spravato™</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	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				
	<b>Unclassified codes**</b>				
	C9094	C9149	C9151	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>Xembify®</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		<p>J1558 <b>Xenpozyme®</b> J0218 <b>Zoladex®</b> J9202</p> <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="https://UHCprovider.com/policies">UHCprovider.com/policies</a> &gt; For Community Plans &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to <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> <p>**For unclassified and temporary codes C9094, C9149, C9151, C9399, J3490 and J3590, prior authorization is only required for Elevidys, Elfabrio, Lamzedo, Qalsody, Nulibry, Revcovi, Ryplazim, Vabysmo, Vyjuvek</p>			
<b>Inpatient admission and post-acute services</b>	Notification is required for admissions.	<p>Inpatient admissions/post-acute services: Prior authorization and notification of admission date required for these facilities:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	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.	To determine prior authorization requirements, 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>	Prior authorization is required for the codes listed.	21121	21123	21125	21127
		21141	21142	21143	21145
Treatment of maxillofacial/jaw functional impairment		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization is required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
	<b>For members younger than 21 with orthotic limitation:</b>	L0638	L0640	L0700	L0710
	• Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit	L0810	L0820	L0830	L0859
		L0861	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1830
		L1831	L1832	L1834	L1836
	• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively	L1840	L1844	L1845	L1846
		L1847	L1850	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
	<b>For members 21 and older:</b>	L2106	L2108	L2126	L2136
	AHCCCS orthotics coverage applies if:	L2350	L2510	L2526	L2627
		L2628	L3230	L3265	L3649
	• The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines	L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
	• The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition	L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		L4350	L4392	L4394	L4631
	• The orthotic is ordered by a physician or primary care provider	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
	<b>For members 21 and older with orthotic limitation:</b>	L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
	• 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	L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
	The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6915
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7405	L8040	L8042	L8043
		L8044	L8045	L8046	L8047
		L8499	L8609	L8610	L8612
		L8631	L8659		

<b>Out-of-network</b>	Prior authorization is required for all out-of-network services.
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<b>Out-of-state services</b>	Benefit only approved when service is emergent or unavailable in Arizona.
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<b>Outpatient therapy</b>	<b>For members younger than 21:</b>	92507	92508	92521	92522
	Prior authorization is required for the codes listed.	92523	92524	92526	97012
		97014	97016	97018	97022
		97026	97028	97033	97034
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. <b>No benefit limits apply.</b>	97039	97110	97112	97113
		97116	97124	97140	97161
		97162	97163	97164	97165



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Outpatient therapy (cont.)	<p><b>For members 21 and older:</b></p> <p>Prior authorization is not required.</p> <p><b>Outpatient speech therapy is <u>not</u> a covered benefit.</b></p> <p>Occupational and physical therapy is covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:</p> <ul style="list-style-type: none"> <li>• <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual restore a skill or level of function and maintain it</li> <li>• <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it</li> </ul> <p><b>For Qualified Medicare Beneficiaries (QMB):</b></p> <p>Covered for unlimited visits when medically necessary</p>	97166	97167	97168	97799
	Pain injections and management	Prior authorization is required.	64490	64493	
Pharmacy drugs	<p>A list of medications requiring prior authorization is available at <a href="https://www.uhcprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Pharmacy Resources &amp; Physician Administered Drugs &gt; Pharmacy Prior Authorization</p> <p><b>Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.</b></p> <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> <li>• Aldurazyme®</li> <li>• Ceptrotin®</li> <li>• Cerezyme®</li> <li>• Cimzia®</li> <li>• Cinryze®</li> <li>• Elaprase®</li> <li>• Exondys 51™</li> <li>• Elelyso®</li> <li>• Fabrazyme®</li> <li>• Juxtapid®</li> <li>• Kalydeco®</li> <li>• Kuvan®</li> <li>• Kynamro®</li> <li>• Lumizyme®</li> </ul>	<p>90378</p> <p>J0224</p> <p>J1300</p> <p>J1429</p> <p>J2840</p> <p>J3399</p>	<p>J0717</p> <p>J1427</p> <p>J1786</p> <p>J3060</p>	<p>J1290</p> <p>J1428</p> <p>J2357</p> <p>J3398</p>	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: <b>800-310-6826</b> Fax: <b>866-940-7328</b></p> <p>For specialty pharmacy prior authorization, please fax <b>866-940-7328</b>.</p> <p>Fax forms are available at <a href="https://www.uhcprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Pharmacy Resources and Physician Administered Drugs &gt; Pharmacy Prior Authorization &gt; Pharmacy Prior Authorization Forms. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<ul style="list-style-type: none"> <li>• Myozyme®</li> <li>• Orfadin®</li> <li>• Soliris®</li> <li>• Spinraza™</li> <li>• Synagis®</li> <li>• VPRIV®</li> <li>• Xolair®</li> <li>• Zolgensma®</li> </ul>				
<b>Potentially unproven services</b>	Prior authorization is required.	33289		C2624	
<b>Pregnancy termination</b>	<p>Prior authorization is required for the codes listed.</p> <p>Prior authorization includes Mifepristone, Mifeprex® or RU-486.</p> <p><b>Clinical documentation and the certificate of medical necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.</b></p> <p>For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination 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; 410, Maternity Care Services &gt; Section E Pregnancy Termination.</p> <p>The Certificate of Medical Necessity For Pregnancy Termination 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; Attachment C.</p>	59840 59852	59841 59855	59850 59856	59851 59857
<b>Private duty nursing</b>	Prior authorization is required for the codes listed.	T1002	T1003		
<b>Prostate procedures</b>	Prior authorization is required.	37243 53852	52441 55866	52442 55873	53850 55874
<b>Proton beam therapy</b>	Prior authorization is required for the codes listed.	77520	77522	77523	77525
	Focused radiation therapy using beams of protons, which are tiny particles with a positive charge				
<b>Radiology</b>	Prior authorization is required for	Care providers ordering an advanced outpatient imaging			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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participating physicians who request these advanced outpatient imaging procedures:

- Certain CT, MRI, MRA and PET scans
- Nuclear medicine and nuclear cardiology procedures

procedure are responsible for providing notification prior to scheduling the procedure.

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 **866-889-8054**.

For more details and the CPT codes that require prior authorization, please visit [UHCprovider.com/AZcommunityplan](http://UHCprovider.com/AZcommunityplan) > Radiology Prior Authorization and Notification Program.

<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 for the codes listed.	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828

<b>Sinuplasty</b>	Prior authorization is required for the codes listed.	31295	31296	31297	31298
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**Site of service (SOS) – outpatient hospital**

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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Site of service (SOS) – outpatient hospital (cont.)

**ENT procedures**

21320	30140	30520	69436
69631			

**Eye and ocular adnexa**

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

**Female genital system**

57240	57250	57461	57520
58561	58562		

**Gynecologic procedures**

57522	58353	58558	58563
58565			

**Hemic and lymphatic systems**

38500	38510	38525	
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**Hernia repair**

49505	49585	49587	49650
49651	49652	49653	49654
49655			

**Integumentary system**

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

**Liver biopsy**

47000
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**Male genital system**

54840
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**Miscellaneous**

20680
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**Musculoskeletal system**

20552	20553	21012	21013
21336	21554	21555	21556
21930	22902	22903	23071
23075	23470	23472	23474
23743	24071	27327	27337
27632	28035	28039	28041
28060	28080	28090	28104
28110	28118	28119	28124

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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		28285	28289	28292	28296
		28297	28298	28299	29835
		29840	29845	29846	29848
		29861	29875	29876	29877
		29879	29880	29881	29882
		29888	29893	G0260	
<b>Site of service (SOS) – outpatient hospital (cont.)</b>	<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>				
		42820	42821	42825	42826
		42830			
	<b>Upper gastrointestinal endoscopy</b>				
		43235	43239	43249	
	<b>Urinary system</b>				
		52276	52287	52320	52344
	<b>Urologic procedures</b>				
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	55040
	55700	57288			

<b>Skilled and custodial nursing facility services</b>	Prior authorization is required.				
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<b>Sleep apnea procedures and surgeries</b>	Prior authorization is required for the codes listed.	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					

<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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<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	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22590	22595
		22600	22610	22612	22630
		22633	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22849	22850
		22852	22855	22856	22861
		22864	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63185	63190	63191
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304
		63305	63306	63307	63308
		0095T	0098T	0164T	
		*SOS applies			
<b>Sterilization</b>	Prior authorization is required.  <b>Any member requesting sterilization must sign an appropriate consent for sterilization form.</b> For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at <a href="http://azahcccs.gov">azahcccs.gov</a> > 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 <a href="http://azahcccs.gov">azahcccs.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family	52601	52630	52647	52648
		52649	55250	55801	55821
		55831	58600	58605	58611
		58615	58670	58671	58700

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Planning > Attachment A.

**Stimulators**

Implantation of a device that sends electrical impulses

Prior authorization is required.

**Bone growth stimulator**

E0747      E0748      E0749

**Neurostimulator**

43648	43882	61863	61864
61867	61868	61885	61886
63650	63655	63685	64553
64555	64568	64570	64590
L8680	L8682	L8685	L8686
L8687	L8688		

**Transplant services**

Prior authorization is required for the codes listed.

**Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request.**

For transplant and CAR T-Cell therapy services including Abecma® (idecaptivegen cicleucel), Breyanzi® (lisocabtagene maraluecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at **800-418-4994** or the notification number on the back of the member's health plan ID card.

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

**CAR T-cell therapy:**

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

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

**Gene therapy**

C9399	J3490	J3590
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**Transportation**

Prior authorization is required for non-emergent taxi and stretcher van.

To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at 888-700-6822.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization is required for the codes listed.	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
<b>Ventricular assist devices</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
<b>Wound vac</b>	Prior authorization is required for the codes listed.	E2402			