

# Prior Authorization Requirements for Arizona Developmentally Disabled Medicaid

Effective Aug 1, 2022

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Arizona Developmentally Disabled Program for inpatient and outpatient services.

Additional state variations and regulations may apply. Please check the latest COVID-19 guidance, requirements and coverage mandate from your state. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** 866-604-3267

### Important Information

- To be eligible for prior authorization, services must be covered benefits as outlined and defined by the Arizona Health Care Cost Containment System (AHCCCS).
- Services provided by non-network health and out-of-state care providers require prior authorization and documentation supporting the out-of-network request.
- Experimental and investigational services are not covered benefits.
- All rendering providers, facilities and vendors must be actively registered with AHCCCS.
- Services delivered inside the Multi-Specialty Interdisciplinary Clinics (MSIC) to CRS designated /CRS formerly designated members do not require prior authorization.
- Only one care provider may request services on a prior authorization request form.
- Only medically necessary, cost effective, and federally- and state-reimbursable services are covered services, as outlined by AHCCCS.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Allergy immunotherapy	<p><b>For members younger than 21:</b> Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p><b>For members ages 21 and older:</b> 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</p>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Allergy immunotherapy (continued)</b>	benefit. Allergy testing, including testing for common allergens, is a covered benefit when the member has: <ul style="list-style-type: none"> <li>Sustained an anaphylactic reaction to an unknown allergen</li> <li>Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc.</li> </ul> <p><b><u>Prior authorization is required for allergy testing when it meets the criteria above.</u></b></p>				
<b>Augmentative and Alternative Communication</b>	Prior authorization required for the codes listed	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
<b>Bariatric surgery</b>	Prior authorization required for the codes listed	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health</b>	Prior authorization required for inpatient admissions  Prior authorization required for outpatient services listed. Second level review required by the Division for Out of State service requests				The following benefits and/or codes require prior authorization: <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 required for the codes listed	20975	20979	E0760	
<b>BRCA genetic testing</b>	Prior authorization required for the codes listed  Please direct all lab requests to LabCorp at <b>800-533-0567</b> for review and processing.	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the	Prior authorization required for the codes listed	19316 19330	19318 19340	19325 19342	19328 19350

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (continued) breast except for after mastectomy		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	

**Cancer supportive care** Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis

**Injectable colony-stimulating factor drugs that require prior authorization:**

**Filgrastim (Neupogen®)**

J1442

**Filgrastim-aafi (Nivestym™)**

Q5110

**Filgrastim-sndz (Zarxio®)**

Q5101

**Pegfilgrastim (Neulasta®)**

J2506

**Pegfilgrastim-apgf, biosimilar (Nyvepria®)**

Q5122

**Pegfilgrastim-bmez (Ziextenzo®)**

Q5120

**Pegfilgrastim-cbqv (UDENYCA™)**

Q5111

**Pegfilgrastim-jmdb (Fulphila™)**

Q5108

**Sargramostim (Leukine®)**

J2820

**Tbo-filgrastim (Granix®)**

J1447

**Trilaciclib (Cosela®)**

J1448

**Bone-modifying agent that requires prior authorization:**

**Denosumab (Xgeva®)**

J0897

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call **888-397-8129**.

**Cardiology** Prior authorization 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 UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call **866-889-8054**.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiology (continued)</b>		For more details and the CPT codes that require prior authorization, please visit: <b>UHCprovider.com/AZcommunityplan</b> > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program			
<b>Cardiovascular</b>	Prior authorization required	93580			
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Cyclophosphamide</b> J9071 <b>Tisotumab vedotin-tftv</b> J9273 <b>loncastuximab tesirine-lpyl</b> J9359 <b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul>			
		Please submit requests online by using the Prior Authorization and Notification on UnitedHealthcare Provider Portal.. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b> .			
<b>Chiropractic care</b>	<b>For members younger than 21:</b> Prior authorization not required  <b>For members ages 21 and older:</b> Chiropractic care is <b>not</b> a covered benefit.				
<b>Circumcision</b>	Routine circumcision is <b>not</b> a covered benefit. Prior authorization required <b>only</b> for cases with documented medical necessity	54150	54160	54161	54162
<b>Cochlear and other auditory implants</b>	<b>For members younger than 21:</b> Prior authorization required for the codes listed	69710	69714	69930	L8614
	<b>For members ages 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> accompany and establish medical	L8619	L8690	L8691	L8692
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieves conversational speech					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	necessity for this service request.				
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E0787	A9276 K0553	A9277 K0554	A9278
<b>Cosmetic and reconstructive</b>	Prior authorization required for the codes listed. Services or items furnished solely for cosmetic purposes are <b>excluded</b> from AHCCCS coverage.	11960 14041 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	11971 14061 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	14020 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14021 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
<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 available through the medical prior authorization process			To locate contracted care providers or vendors, please visit <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans.	
<b>Durable medical equipment (DME)</b>	Prior authorization 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 <b>800-636-2123</b> .  These DME items are <u>not</u> covered by Preferred Homecare:			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> > Member Information: Current Medical Plans, ID Cards, Provider Directories, Dental & Vision plans.	
<b>*Requires Prior Authorization regardless of dollar amount</b>	<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> </ul>	E0194 E0300 E0465 E0620 E0642 E0675 E0710	E0265 E0445 E0466 E0636 E0656 E0693 E0745	E0266 E0457 E0483 E0638 E0669 E0694 E0766	E0270 E0460 E0486 E0641 E0670 E0700 E0784

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>	<ul style="list-style-type: none"> <li>Specialty beds</li> <li>Wound vacs</li> </ul>	E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i>	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	

<p><b>Enteral services/parenteral/oral</b> 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 <b>800-636-2123</b>.</p>	<p><b>Clinical documentation and oral supplement Certificate of Medical Necessity, as applicable, must accompany and establish medical necessity for this service request.</b></p> <p><b>For members younger than 21:</b> For more information, please review 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 ages 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>
---	--	---



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Enteral services/parenteral/oral (continued)		The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found 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 > Chapter 300 - Overview > Attachment C.			
Experimental or investigational (and/or linked services)	<p>Prior authorization 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>	0191T 66180	33477 A4638	36514 A9274	64722 E1831
Eye care/optometry	<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 ages 21 and older:</b> Prior authorization 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 <b>800-481-2779</b> .			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required for the codes listed	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required for the codes listed	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic testing	<p>Prior authorization required for all services not covered by LabCorp</p> <p>To determine prior authorization requirements, please call LabCorp at <b>800-788-9743</b>.</p>	81265 81325 81405 81415 81465 88248 88263 88271	81302 81401 81406 81416 81479 88249 88264 88272	81321 81403 81407 81417 86353 88261 88267 88273	81323 81404 81408 81460 88245 88262 88269 88274



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		88275	88280	88283	88285
		88289	88291	88299	
<b>Hearing aids and services</b>	<b><u>For members younger than 21:</u></b> Prior authorization not required	92590	92591	92592	92593
Hearing evaluations and hearing aids	<b><u>For members ages 21 and older:</u></b> Prior authorization required	92594	92595	V5010	V5011
		V5014	V5030	V5040	V5050
		V5060	V5095	V5100	V5120
		V5190	V5230	V5242	V5243
		V5244	V5245	V5246	V5247
		V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
		V5267	V5298		
<b>Home health care</b>	Prior authorization required for the codes listed	G0299	G0300	S9123	S9124
<b>Hospice</b>	Prior authorization required for the codes listed	T2042	T2043	T2044	T2045
<b>Hysterectomy</b>	Prior authorization required for the codes listed	58150	58152	58180	58200
		58210	58240	58260	58262
		58263	58267	58270	58275
		58280	58285	58290	58291
		58292	58293	58294	58541
		58542	58543	58544	58548
		58550	58552	58553	58554
		58570	58571	58572	58573
		58951	58953	58954	58956
		59135	59525		
<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> .			
<b>Infusion in-home services</b>	Prior authorization required for all services not covered by Optum Infusion	To request services and/or supplies, please call Optum Infusion <b>888-705-4470</b>			
<b>Injectable medications for in-home usage</b>	Prior authorization required for all medications not covered by Optum Infusion	To request medications, please call Optum Infusion <b>888-705-4470</b>			
<b>Injectable medications</b>	Prior authorization required for the codes listed	<b>Actemra®</b>			
		J3262			
		<b>Acthar®*</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Amondys 45™</b>			
		J1426			
		<b>Apretude™</b>			
		J0739			
	<b>Do Not Start Case – Direct Provider using the information below:</b>				
	To submit a prior authorization request and, for UHC Commercial Non PAR providers, to submit a Pre Determination request the provider must log into UHCProvider.com and follow this pathway:				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>	<p>Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call <b>Optum SGP (Specialty Guidance Program)</b>: 1-888-397-8129</p>	<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>Cabenuva™</b>			
		J0741			
		<b>Cerezyme®*</b>			
		J1786			
		<b>Cimzia®*</b>			
		J0717			
		<b>Cinqair®</b>			
		J2786			
		<b>Crysvita®</b>			
		J0584			
		<b>Cutaquig®</b>			
		J1551			
		<b>Elelyso®*</b>			
		J3060			
		<b>Entyvio®</b>			
		J3380			
		<b>Esperoct®*</b>			
		J7204			
		<b>Evenity™</b>			
		J3111			
		<b>Evkeeza™</b>			
		J1305			
		<b>Exondys 51™*</b>			
		J1428			
		<b>Fasenra™</b>			
		J0517			
		<b>Fensolvi®</b>			
		J1951			
		<b>Feraheme®</b>			
		Q0138			
		<b>Firmagon®</b>			

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

Injectable medications (continued)	J9155				
	<b>Gamifant®</b>				
	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Glassia®</b>				
	J0257				
	<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>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Krystexxa®</b>				
	J2507				
	<b>Lemtrada®</b>				
	J0202				
	<b>Leqvio®</b>				
	J1306				
	<b>Lupron Depot®</b>				
	J1950				
	<b>Lupron Depot, Eligard®</b>				
	J9217				
	<b>Luxturna™*</b>				
	J3398				
	<b>Makena®</b>				
	J1726	J1729	J2675		
	<b>Mepsevii®</b>				
	J3397				
<b>Monoferric®</b>					
J1437					
<b>Nexviazyme®</b>					

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

Injectable medications  
(continued)

J0219  
**Nglazyme®**  
 J1458  
**Nplate®**  
 J2796  
**Nucala®**  
 J2182  
**Ocrevus™**  
 J2350  
**Octreotide Acetate**  
 J2354  
**Onpattro™**  
 J0222  
**Orencia®**  
 J0129  
**Oxlumo™\***  
 J0224  
**Parsabiv™**  
 J0606  
**Probuphine®**  
 J0570  
**Radicava®**  
 J1301  
**Reblozyl®**  
 J0896  
**Remicade®**  
 J1745  
**Renflexis®**  
 Q5104  
**Riabni™**  
 Q5123  
**Rituxan®**  
 J9312  
**Rituxan Hycela®**  
 J9311  
**Ruconest®**  
 J0596  
**Ruxience®**  
 Q5119  
**Ryplazim™**  
 J2998  
**Sandostatin® LAR**  
 J2353

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

Injectable medications  
(continued)

<b>Saphnelo®</b>				
J0491				
<b>Scenesse®</b>				
J7352				
<b>Sevenfact®*</b>				
J7212				
<b>Signifor® LAR</b>				
J2502				
<b>Simponi Aria®</b>				
J1602				
<b>Sodium Hyaluronate</b>				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
<b>Soliris®*</b>				
J1300				
<b>Somatuline® Depot</b>				
J1930				
<b>Spinraza™*</b>				
J2326				
<b>Spravato™</b>				
S0013				
<b>Stelara®</b>				
J3358				
<b>Sublocade™</b>				
Q9991	Q9992			
<b>Supprelin® LA</b>				
J9226				
<b>Synagis®*</b>				
90378				
<b>Tepezza®</b>				
J3241				
<b>Therapeutic Radiopharmaceuticals***</b>				
A9513	A9590	A9606	A9699	
<b>Trelstar®</b>				
J3315				
<b>Triptodur®</b>				
J3316				
<b>Trogarzo™</b>				
J1746				
<b>Truxima®</b>				
Q5115				
<b>Ultomiris™</b>				

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

Injectable medications (continued)

J1303  
**Unclassified codes\*\***  
 C9399            J3490            J3590  
**Uplizna®**  
 J1823  
**Vantas™**  
 J9225  
**Viltepso™\***  
 J1427  
**Vimizim®**  
 J1322  
**Vyepti™**  
 J3032  
**Vyondys 53®\***  
 J1429  
**VPRIV®**  
 J3385  
**Vyvgart™**  
 J9332  
**Xembify®**  
 J1558  
**Xolair®\***  
 J2357  
**Zoladex®**  
 J9202  
**Zolgensma®\***  
 J3399

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.**

\* For Acthar, Cerezyme, Cimzia, Elelyso, Esperoct, Exondys 51, Luxturna, Oxlumo, Sevenfact, Soliris, Spinraza, Synagis, Viltepso, VPRIV, Vyondys 53, Xolair and Zolgensma prior authorization, please call the Pharmacy Prior Authorization Service at **800-310-6826**.

\*\* For unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is only required for Lupaneta Pack™, Nulibry, Purified Cortrophin Gel™, Revcovi,, Ryplazim and Vabysmo™

\*\*\*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on



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

UnitedHealthcare provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call **888-397-8129**.

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

<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required for the codes listed.	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			

<b>Laboratory services</b>	Prior authorization required	To determine prior authorization requirements, please call LabCorp at <b>800-788-9743</b> .			
----------------------------	------------------------------	---	--	--	--

<b>Non-emergent air ambulance transport</b>	Prior authorization required for the codes listed	A0430	A0431	A0435	A0436
---	---	-------	-------	-------	-------

<b>Orthognathic surgery</b>  Treatment of maxillofacial/jaw functional impairment	Prior authorization 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 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><u>For members younger than 21 with orthotic limitation:</u></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> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.</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	
	L1840		L1844	L1845	L1846	
	L1847		L1850	L1860	L1945	
	L1950		L1970	L2000	L2005	
	L2010		L2020	L2030	L2034	
	L2036	L2037	L2038	L2060		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	<b><u>For members ages 21 and older:</u></b>	L2106	L2108	L2126	L2136
	AHCCCS orthotics coverage applies if:	L2350	L2510	L2526	L2627
	<ul style="list-style-type: none"> <li>The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines.</li> </ul>	L2628	L3230	L3265	L3649
	<ul style="list-style-type: none"> <li>The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition.</li> </ul>	L3671	L3674	L3720	L3730
	<ul style="list-style-type: none"> <li>The orthotic is ordered by a physician or primary care provider.</li> </ul>	L3740	L3763	L3764	L3900
	<b><u>For members ages 21 and older with orthotic limitation:</u></b>	L3901	L3904	L3905	L3961
	<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>	L3971	L3975	L3976	L3977
	The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	L3999	L4000	L4010	L4020
		L4350	L4392	L4394	L4631
		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	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Orthotics and prosthetics (continued)		L6696	L6697	L6704	L6707	
		L6708	L6709	L6711	L6712	
		L6713	L6714	L6715	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 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</b>	<b><u>For members younger than 21:</u></b>	92507	92508	92521	92522	
	Prior authorization required for the codes listed	92523	92524	92526	97010	
		97012	97014	97016	97018	
		97022	97026	97028	97033	
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. <b>No benefit limits apply.</b>	97034	97039	97110	97112	
		97113	97116	97124	97140	
		97161	97162	97163	97164	
	<b><u>For members ages 21 and older:</u></b>	97165	97166	97167	97168	
	Prior authorization not required	97799				
	<b>Outpatient speech therapy is <u>not</u> a covered benefit.</b>					
	Occupational and physical therapy is covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:					
	<ul style="list-style-type: none"> <li>• <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual restore a skill or level of function and maintain it.</li> <li>• <u>Limited</u> to 15 occupational and physical therapy visits per benefit year, Oct. 1 – Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it.</li> </ul>					
	<b><u>For Qualified Medicare Beneficiaries (QMB):</u></b>					
	Covered for unlimited visits when					

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

medically necessary

**Pain injections and management**

Prior authorization required

64490

64493

**Pharmacy drugs**

A list of medications requiring prior authorization is available at [UHCprovider.com/AZcommunityplan](https://www.uhcprovider.com/AZcommunityplan) > Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization

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

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

**Service requests must include “J” Codes and NDC Codes for the medication requested.**

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

The following hemophilia factor/biotech drugs are included on the prior authorization list:

- Acthar® gel
- Aldurazyme®
- Ceprotin®
- Cerezyme®
- Cimzia®
- Cinryze®
- Elaprase®
- Exondys 51™
- Elelyso®
- Fabrazyme®
- Juxtapid®
- Kalydeco®
- Kuvan®
- Kynamro®
- Lumizyme®
- Myozyme®
- Orfadin®
- Soliris®
- Spinraza™
- Synagis®
- VPRIV®
- Xolair®
- Zolgensma®

Fax forms are available at [UHCprovider.com/AZcommunityplan](https://www.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.

**Pregnancy termination**

Prior authorization required for the codes listed.

59840

59841

59850

59851

59852

59855

59856

59857

Prior authorization includes Mifepristone, Mifeprex® or RU-486

**Clinical documentation and the Certificate of Medical Necessity for pregnancy termination must accompany the prior authorization request form.**

For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at [AZAHCCCS.gov](https://www.azahcccs.gov) > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for



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

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 required for the codes listed	T1002	T1003		
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
<b>Prostate procedures (continued)</b>		53852	55866	55873	55874
<b>Proton beam therapy</b>	Prior authorization required for the codes listed	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					

**Radiology**

Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:

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

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, 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>	Prior authorization required for the codes listed	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			

<b>Shoulder Surgery</b>	Prior authorization required for the codes listed	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828

<b>Sinuplasty</b>	Prior authorization required for the codes listed	31295	31296	31297	31298
-------------------	---	-------	-------	-------	-------

<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
		69205			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cardiovascular System</b>			
		36590	36832		
		<b>Carpal Tunnel Surgery</b>			



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

Site of service (SOS) – outpatient hospital (continued)		64721			
	<b>Cataract Surgery</b>				
		66821	66982	66984	
	<b>Colonoscopy</b>				
		45378	45380	45384	45385
	<b>Cosmetic &amp; 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>ENT Procedures</b>				
		21320	30140	30520	69436
		69631			
	<b>Eye and Ocular Adnexa</b>				
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042
		67105	67108	67113	67840
		68110	68115	68320	68720
	68815				
<b>Female Genital System</b>					
	57240	57250	57461	57520	
	58561	58562			
<b>Gynecologic Procedures</b>					
	57522	58353	58558	58563	
	58565				
<b>Hemic and Lymphatic Systems</b>					
	38500	38510	38525		
<b>Hernia Repair</b>					
	49505	49585	49587	49650	
	49651	49652	49653	49654	
	49655				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) – outpatient hospital (continued)	<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	23470	23472	23474	
		23743	24071	27327	27337	
		27632	28035	28039	28041	
		28060	28080	28090	28104	
		28110	28118	28119	28124	
		28285	28289	28292	28296	
		28297	28298	28299	29835	
		29840	29845	29846	29848	
		29861	29875	29876	29877	
		29879	29880	29881	29882	
		29888	29893	G0260		
		<b>Nervous System</b>				
			64561	64640		
	<b>Ophthalmologic</b>					
		65426	65730	65855	66170	
		66761	67028	67036	67040	
		67228	67311	67312		
	<b>Respiratory System</b>					
		30802	30930	31525	31535	
		31536	31541	31624		
	<b>Tonsillectomy &amp; Adenoidectomy</b>					
		42820	42821	42825	42826	
		42830				
	<b>Upper Gastrointestinal Endoscopy</b>					
		43235	43239	43249		
	<b>Urinary System</b>					
		52276	52287	52320	52344	

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

<b>Site of service (SOS) – outpatient hospital (continued)</b>		<b>Urologic Procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	55040
	55700	57288			

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

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

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

<b>Spinal surgery</b>	Prior authorization required for the codes listed	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22590	22595
		22600	22610	22612	22630
		22633	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22849	22850
		22852	22855	22856	22861
		22864	22865	22899	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63050	63055
		63056	63064	63075	63077
		63081	63085	63087	63090
		63101	63102	63170	63172
		63173	63185	63190	63191
		63200	63250	63251	63252
		63265	63267	63268	63270
		63271	63272	63286	63300
		63301	63302	63303	63304

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		63305 0095T	63306 0098T	63307 0164T	63308
		*SOS applies			
<b>Sterilization</b>	Prior authorization required	52601	52630	52647	52648
	<b>Any member requesting sterilization <u>must</u> sign an appropriate Consent for Sterilization form.</b>	52649	55250	55450	55801
		55821	55831	58600	58605
		58611	58615	58670	58671
		58700			
	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 Planning > Attachment A.					
<b>Stimulators</b> Implantation of a device that sends electrical Impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	
		<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 required for the codes listed	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
	<b>Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.</b>	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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant services (cont.)</b>		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		<b>CAR T-Cell therapy:</b>			
		C9098	0537T	0538T	0539T
		0540T	J9999	Q2041	Q2042
		Q2053	Q2054	Q2055	
	*Code 38232 will only require prior authorization for an oncology diagnosis.				
<b>Transportation</b>	Prior authorization required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Brokerage of Arizona (MTBA) at <b>888-700-6822</b> .			
<b>Vein procedures</b> 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 required for the codes listed	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
<b>Ventricular assist devices</b>  A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required for the codes listed	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required for the codes listed	E2402			