Prior authorization requirements for AHCCCS Complete Care (ACC) Medicaid effective November 1, 2026

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

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

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

Please note
- To be eligible for prior authorization, services must be covered benefits as outlined and defined by the Arizona Health Care Cost Containment System (AHCCCS)
- Services provided by non-network and out-of-state health care professionals require prior authorization and documentation supporting the out-of-network request
- Experimental and investigational services are not covered benefits
- All rendering health care professionals, facilities and vendors must be actively registered with AHCCCS
- Services delivered inside the multi-specialty interdisciplinary clinics (MSIC) to children's rehabilitative services (CRS)-designated/CRS formerly designated members do not require prior authorization
- Only 1 health care professional may request services on a prior authorization request form
- Prior Authorization: Process by which request by providers are submitted with clinical documentation to support medical necessity for services requested
- Notification: Healthcare Provider communication to the health plan of initiation of a service(s)
- Only medically necessary, cost-effective, federally- and state-reimbursable services are covered as outlined by AHCCCS
- A Peer-to-Peer consultation can occur prior to UHCCP making the service decision, if requested by either the requesting provider or the UHCCP medical director

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Allergy immunotherapy	For members younger than 21: Allergy immunotherapy and allergy testing is covered under Early and Periodic Screening,	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	Diagnostic and Treatment (EPSDT) when medically necessary. For members 21 and older: Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is not a covered benefit. Allergy testing, including testing for common allergens, is a covered benefit when the member has: Sustained an anaphylactic reaction to an unknown allergen Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. Prior authorization is required for allergy testing when it meets the criteria above.				
Augmentative and alternative communication	Prior authorization is required for the codes listed.	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
Bariatric surgery	Prior authorization is required for the codes listed.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846

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Behavioral health	For members with serious mental illness (SMI): Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program. For assistance call 800-348-4058.	For a full list of behavioral health prior authorization requirements, please visit providerexpress.com Behavioral Health Prior Authorization Code List by State (providerexpress.com)
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required for the codes listed.	20975 20979 E0760
Breast cancer (BRCA) genetic testing	Prior authorization is required for the codes listed. Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.	81162 81163 81164 81165 81166 81212 81215 81216 81217 81432
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization is required for the codes listed.	11971 19316 19318 19325 19328 19330 19340 19342 19350 19357 19361 19364 19367 19368 19369 19370 19371 19380 19396 L8600
Cancer supportive services	Prior authorization is 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: J0897 J1442 J1447 J1448 J2506 J2820 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 Q5125 Q5136 Q5157 Q5158 Q5159 Colony Stimulating Factors J1449 Q5148 Erythropoiesis Stimulating Agents J0885

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		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129.
Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance.	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal Dashboard. Or call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit: UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program
Cardiovascular	Prior authorization is required.	0569T 0570T 37254 37256 37258 37260 37263 37265 37267 37269 37271 37273 37275 37277 37280 37282 37284 37286 37288 37290 37292 37294 37296 37298 93590 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

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Cardiovascular (cont.)		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		M86.669 M86.68 M86.8X52 M86.8X69 M86.8X89 Q27.32 Q87.2 S81.802A S91.309A T82.338A T82.818A	M86.671 M86.69 M86.8X59 M86.8X71 M86.8X9 Q27.39 S35.511A S81.809A T82.312A T82.392A T82.868A	M86.672 M86.8X0 M86.8X61 M86.8X72 M86.9 Q27.8 S35.512A S91.301A T82.318A T82.398A T82.898A	M86.679 M86.8X51 M86.8X62 M86.8X79 Q27.30 Q27.9 S81.801A S91.302A T82.319A T82.399A
Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95716			
Chemotherapy	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization: • Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot® (J1950) • Chemotherapy injectable drugs that have a Q code • 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 and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129.			
Circumcision	Routine circumcision is not a covered benefit. Prior authorization required only for cases with documented medical necessity.	54161	54162		
Cochlear and other auditory implants A medical device within the inner ear with an	Prior authorization is required for the codes listed.	69710 L8619	69714 L8690	69930 L8691	L8614 L8692

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
external portion to help persons with profound sensorineural deafness achieve conversational speech		
Continuous glucose monitor	Prior authorization is required with type 2 diabetes diagnosis.	A4226 A4238 A4239 A9276 A9277 A9278 E0787 E2102 E2103
Cosmetic and reconstructive surgery That changes or improves 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 excluded from AHCCCS coverage.	11960 14020* 14021* 14041 14061* 15823 15830 15847 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.
Dental services	For prior authorization requirements, please call UnitedHealthcare dental at 855-812-9208.	
Diabetic supplies	Diabetic supplies are provided by the local pharmacy. Prior authorization for talking glucometers is available through the medical prior authorization process.	To locate contracted health care professionals or vendors, please visit UHCprovider.com/AZcommunityplan > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.

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Durable medical equipment (DME)	To request DME items, please call Preferred Homecare at 800-636-2123. Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than $500 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.	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 UHCprovider.com/AZcommunityplan > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information. E0194 E0265 E0266 E0270 E0300 E0445 E0457 E0465 E0466 E0483 E0486 E0620 E0636 E0638 E0641 E0642 E0656 E0669 E0670 E0675 E0693 E0694 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 E2298 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	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.

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In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplements		For members younger than 21: For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10. The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2. For members 21 and older: Please review AMPM Chapter 300, Policy 310-GG at azahcccs.gov > Resources> Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG. The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.
Experimental and investigational services (and/or linked services)	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 azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.	33477 36514 64722 66180 A4638 A9274 E1831 G0276 G0293 G2000 S9988 S9990 S9991 S9992 S9994 S9996
Eye care/optometry	Benefits provided for members younger than 21:	For member eye care services, please call Nationwide Vision at 480-961-1702.

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	• 1 routine eye exam every 12 months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame for up to $79.99 retail price • 1 replacement pair of glasses if lost, stolen or damaged • Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision For members 21 and older: Prior authorization is required when medically necessary to diagnose or treat diseases and conditions of the eye.	
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required for the codes listed.	29914 29915 29916
Functional endoscopic sinus surgery (FESS)	Prior authorization is required for the codes listed.	31240 31253 31254 31255 31256 31257 31259 31267 31276 31287 31288
Genetic testing	Prior authorization is required for all services not covered by Labcorp. To determine prior authorization requirements, please call Labcorp at 800-788-9743.	81265 81302 81321 81323 81325 81401 81403 81404 81405 81406 81407 81408 81415 81416 81460 81479 86353 88245 88248 88249 88261 88262 88263 88264 88267 88269 88271 88272 88273 88274 88275 88280 88283 88285 88289 88291 88299 Biomarker codes 81313 81327 81435 81490
Hearing services Hearing	For members younger than 21:	V5030 V5040 V5050 V5060 V5095 V5100 V5120 V5190

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
evaluations and hearing aids	Prior authorization is not required. For members 21 and older: Prior authorization is required.	V5230 V5245 V5249 V5253 V5257 V5261	V5242 V5246 V5250 V5254 V5258 V5298	V5243 V5247 V5251 V5255 V5259	V5244 V5248 V5252 V5256 V5260
Home health care services	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
Hysterectomy	Prior authorization is required for the codes listed.	58150 58210 58263 58280 58292 58543 58552 58571 58953	58152 58240 58267 58285 58294 58544 58553 58572 58954	58180 58260 58270 58290 58541 58548 58554 58573 58956	58200 58262 58275 58291 58542 58550 58570 58951 59525
Incontinence supplies	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request incontinence supplies, please call Preferred Homecare at 800-636-2123.			
Infusion in-home services	Prior authorization is required for all services not covered by Optum Infusion.	To request services and/or supplies, please call Optum Infusion at 888-705-4470.			
Injectable medications for in-home usage	Prior authorization is required for all medications not covered by Optum Infusion.	To request medications, please call Optum Infusion 888-705-4470.			
Injectable medications	Prior authorization is required for the codes listed.	Actemra® J3262 Adakveo® J0791 Adzynma™ J7171 Amondys 45® J1426 Amvuttra™ J0225 Aralast® NP, Prolastin®-C, Zemaira® J0256 Avlayah			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1757 Avsola® Q5121 Avtozma Q5156 Benlysta J0490 Beqvez™ J1414 Berinert® J0597 Bildyos Q5162 Bkemv Q5152 Bosaya Q5161 Botulinum toxins J0585 J0586 J0587 J0588 Brineura® J0567 Briumvi™ J2329 Cimerli™ Q5128 Cinqair® J2786 Conexxence Q5158 Cosentyx® IV J3247 Crysvita® J0584 Cutaquig® J1551 Daxxify® J0589 Elfabrio® J2508 Encelto J3403 Entyvio® J3380

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Enjaymo™ J1302 Epysqli Q5151 Esperoct® J7204 Evenity® J3111 Evkeeza® J1305 Exdensur J2361 Eylea HD™ J0177 Fasenra™ J0517 Fensolvi® J1951 Feraheme® Q0138 Firmagon® J9155 Fylnetra™ Q5130 Gamifant® J9210 Gazyva J9301 Givlaari® J0223 Glassia® J0257 Hemlibra J7170 Hemgenix™ J1411 Hyalgen, Supartz, Visco-3 J7321 Hymovis, Hymovis One J7322 Hympavzi J7172 Ilaris®

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0638 Ilumya™ J3245 Inflectra Q5103 Imaavy J9256 Imuldosa IV Q5098 Injectafer® J1439 Itvisma J3405 IVIG J1459 J1552 J1553 J1554 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1577 J1599 Izervay™ J2782 Jubbonti Q5136 Kisunla™ J0175 Korsuva™ J0879 Krystexxa® J2507 Lamzede® J0217 Lanreotide J1932 Lemtrada® J0202 Leqembi™ J0174 Leqvio® J1306 Loargys J1818 Lupron Depot® J1950

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Lupron Depot®, Eligard® J9217 Lutrate Depot J1954 Mepsevii® J3397 Monoferric® J1437 Nexviazyme® J0219 Naglazyme® J1458 Niktimvo J9038 Nplate® J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Qalsody™ J1304 Ocrevus® J2350 Ocrevus Zunovo J2351 Octreotide acetate J2354 Omvoh™ J2267 Onpattro® J0222 Orencia J0129 Ospomyv Q5169 Osvyrti Q5166 Otulfi IV Q9999 Panzyga®

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1576 Papzimeos J3404 Parsabiv® J0606 Pavblu Q5147 PiaSky J1307 Pombiliti™ J1203 Prolia® J0897 Pyzchiva IV Q9997 Radicava® J1301 Reblozyl® J0896 Releuko® Q5125 Remicade® J1745 Renflexis® Q5104 Riabni™ Q5123 Rituxan® J9312 Rituxan Hycela® J9311 Roctavian™ J1412 Ruconest® J0596 Ruxience® Q5119 Ryplazim® J2998 Rystiggo™ J9333 Sandostatin® LAR J2353

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		Saphnelo® J0491 Scenesse® J7352 Selardsdi Q9998 Sevenfact® J7212 Signifor LAR J2502 Simponi Aria® J1602 Skyrizi® J2327 Sodium hyaluronate J7320 J7324 J7325 J7326 J7327 J7329 J7331 J7332 Somatuline® Depot J1930 Spevigo™ J1747 Starjemza Q5164 Stelara® J3358 Steqeyma IV Q5099 Stoboclo Q5157 Sublocade® Q9991 Q9992 Supprelin® LA J9226 Syfovre™ J2781 Synagis® 90378 Tepezza® J3241 Tezspire J2356 Therapeutic radiopharmaceuticals*

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A9513 A9590 A9606 A9607
A9615 A9699
Tofidence™
Q5133
Tremfya IV
J1628
Trelstar®
J3315
Triptodur®
J3316
Tyenne™
Q5135
Tzield™
J9381
Unclassified codes**
C9094 C9149 C9157 C9166
C9399 J3490 J3590

Uplizna®
J1823
Intravitreal vascular endothelial growth factor (VEGF)
J0178 J0179 J2777 J2778
J2779 Q5124 Q5128
Veopoz™
J9376
Vimizim®
J1322
Vyepti®
J3032
Vyvgart®
J9332
Vyvgart® Hytrulo™
J9334
Wezlana IV
Q5138
Xembify®
J1558
Xenpozyme®
J0218
Yartemlea
J1289
Yesintek IV
Q5100

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Zoladex® 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 > For Community Plans > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. *For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click on Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129. **For unclassified and temporary codes C9094, C9149, C9157, C9166, C9399, J3490 and J3590, prior authorization is only required for Kebilidi, Revcovi®, Rivfloza™, Vabysmo®
Inpatient admissions and post-acute services	Notification is required at the time of admission	Inpatient admissions-post acute services: Prior authorization and notification of admission date required for these facilities: • Acute care hospitals • Acute inpatient rehabilitation • Long-term acute care hospitals • Skilled nursing facilities
Joint replacement Joint, total hip and knee replacement	Prior authorization is required for the codes listed.	27120 27125 27130 27132 27134 27137 27138 27412 27446 27447 27486 27487 29866 29867 29868
Laboratory services	Prior authorization is required.	Please call Labcorp at 800-788-9743.
Non-emergent air ambulance transport	Prior authorization is required for the codes listed.	A0430 A0431 A0435 A0436
Orthognathic surgery	Prior authorization is required for the codes	21121 21123 21125 21127 21141 21142 21143 21145

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Treatment of maxillofacial/jaw functional impairment	listed.	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	
Orthotics and prosthetics	Prior authorization is required for the codes listed with a retail purchase or a cumulative rental cost of more than $500. For members younger than 21 with orthotic limitation: • Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit • The component will be replaced if, at the time authorization is requested, documentation is provided to establish that the component is not operating effectively For members 21 and older: • AHCCCS orthotics coverage applies if: The use of the orthotic is medically necessary as	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L0861	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1832
		L1834	L1840	L1844	L1845
		L1846	L1847	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2136
		L2350	L2510	L2526	L2627
		L2628	L3230	L3649	L3671
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	the preferred treatment option consistent with Medicare guidelines • The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition • The orthotic is ordered by a physician or primary care physician	L5640	L5642	L5643	L5644
		L5646	L5647	L5648	L5649
		L5651	L5653	L5657	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	L6034	L6035
		L6036	L6038	L6039	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	
Out-of-network services	Prior authorization is required for all out-of-network services.				
Out-of-state	Benefit only approved				

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
services	when service is emergent or unavailable in the state of Arizona.				
Outpatient therapy — occupational and physical therapy	For members 21 and younger: Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity. • Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits For QMB members: Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity. • Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits For members 21 and older: Prior authorization is not required for occupational and physical therapy.	97012 97022 97034 97113 97530	97014 97026 97039 97116 97535	97016 97028 97110 97124 97799	97018 97033 97112 97140 G0283
Outpatient therapy — speech therapy	For members older than 21: Speech therapy services are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical	92507	92508	92526	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	necessity. • Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits For QMB members: Speech therapy services are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity. • Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits	
Pain injections and management	Prior authorization is required.	64490 64493
Pharmacy drugs	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs. Service requests must include "J" Codes and NDC Codes for the medication requested. The following hemophilia factor/biotech drugs are included on the prior authorization list: • Aldurazyme® • Ceprotin®	90378 J0224 J0717 J1290 J1299 J1303 J1427 J1428 J1429 J1786 J2326 J2357 J2840 J3060 J3385 J3398 J3399 For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by 1 of the following: Phone: 800-310-6826 Fax forms are available at 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.

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	• Cerezyme® • Cimzia® • Cinryze® • Elaprase® • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro • Lumizyme® • Myozyme® • Orfadin® • VPRIV® • Zolgensma®				
Potentially unproven services	Prior authorization is required.	33289	C2624		
Pregnancy termination	Prior authorization is required for the codes listed. 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 > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care	59840 59852	59841 59855	59850 59856	59851 59857

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Services > Section E Pregnancy Termination. The Certificate of Medical Necessity For Pregnancy Termination can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.				
Private-duty nursing	Prior authorization is required for the codes listed.	T1002	T1003		
Prostate procedures	Prior authorization is required.	37243	52441	52442	53850
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization is required for the codes listed.	77520	77522	77523	77525
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear cardiology procedures	Health care professionals 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 and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Rhinoplasty and septoplasty 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
Shoulder surgery	Prior authorization is required.	Musculoskeletal system 23470* 23472* 23473* 23474* 29806* 29807* 29819* 29820* 29822* 29823* 29824* 29825* 29826* 29827* 29828* *SOS also applies.
Sinuplasty	Prior authorization is required for the codes listed.	31295 31296 31297 31298
Site of service (SOS) — outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).	Auditory system 69205 Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 Cosmetic and reconstructive 13101 13132 14040 14060 14301 Digestive system 42440 46220 46221 46250 46255 46261 46270 46505 46946 Ear, nose and throat (ENT) procedures 30140 30520 Eye and ocular adnexa 65710 66710 66711 66988 67010 67041 67042 67840 68110 68115 68720 68815 Female genital system 57461 58561 Gynecologic procedures 58565 Integumentary system 11440

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Site of service (SOS) — outpatient hospital (cont.)		Male genital system 54840 Miscellaneous 20680 Musculoskeletal system 21012 21013 24071 27327 27632 28035 28041 28060 28090 28104 28110 28118 28119 28124 28285 28289 28292 28296 28297 28298 28299 29845 29846 29848 29861 29875 29876 29877 29879 29880 29881 29882 29888 29893 G0260 Nervous system 64561 64640 Ophthalmologic 65426 65730 65855 66170 66761 67036 67040 Respiratory system 30802 30930 31535 31536 31541 Tonsillectomy and adenoidectomy 42821 42826 Urinary system 52276 52287 Urologic procedures 52000 52005 52204 52234 52235 52260 52281 52310 52332 52352 52356 55040
Skilled nursing facility services	Notification is required at time of admission	Utilization Review will occur within 72 hours of notification
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating	Prior authorization is required for the codes listed.	21685 41599 42145

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
obstructive sleep apnea					
Specialty/ enclosed beds	Prior authorization is required for the codes listed.	E0250 E0293 E0303	E0255 E0294 E0316	E0260 E0295 E0462	E0292 E0301
Spinal surgery	Prior authorization is required for the codes listed.	22206 22214 22511 22532 22554 22595 22630 22804 22818 22837 22856 63003 63015 63030 63046 63056 63081 63101 63191 63271 63302 63306 0656T	22207 22220 22512 22533 22556 22600 22633 22808 22819 22838 22861 63005 63016 63040 63047 63064 63085 63102 63267 63272 63303 63307 0657T	22210 22224 22513 22548 22558 22610 22800 22810 22830 22849 22899 63011 63017 63042 63050 63075 63087 63185 63268 63300 63304 63308 0790T	22212 22510 22515 22551 22590 22612 22802 22812 22836 22852 63001 63012 63020 63045 63055 63077 63090 63190 63270 63301 63305 0098T
Sterilization	Prior authorization is required for the codes listed. For all members younger than 21: Prior authorization required Any member requesting sterilization must sign an appropriate Consent for Sterilization form. For more information, please review AMPM	52601 55250 58600 58670	52630 55801 58605 58671	52648 55821 58611 58700	52649 55831 58615

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	Chapter 400, Section 420, Section E Sterilization at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization. The Consent to Sterilization form can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.	
Stimulators Implantation of a device that sends electrical impulses	Prior authorization is required.	Bone growth stimulator E0747 E0748 E0749 Neurostimulator 43648 61863 61867 61885 61886 63650 63655 63685 64553 64555 64568 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, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartu, Tecelra, Waskyra, Yartemlea, Yescarta and Zevaskyn 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 38240 38241 38242 44132

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		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 38232* J1289 J3386 J3387 J3389 J3391 J3392 J3394 J3402 CAR T-cell therapy: J9999 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 *Code 38232 will only require prior authorization for an oncology diagnosis. Temporary and unclassified**: C9399 J3490 J3590 **Kresladi, Lantidra
Transportation	Transportation Prior authorization is required for non-emergent taxi and stretcher van.	To schedule transportation, please call Medical Transportation Management (MTM) at 888-700-6822.
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization is required for the codes listed.	36473 36475 36478 37700 37718 37722 37765 37766 37780
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and	Prior authorization is required for the codes listed.	Please call the notification number on the back of the member's health plan ID card. 33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509

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

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