

Prior authorization requirements for Arizona Developmental Disabilities (DD) Effective January 1, 2025

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Developmental Disabilities 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 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>For members younger than 21: Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p>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.</p> <p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none"> • Sustained an anaphylactic 	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	<p>reaction to an unknown allergen</p> <ul style="list-style-type: none"> 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. <p>Prior authorization is required for allergy testing when it meets the criteria above.</p>				
Augmentative and alternative communication	Prior authorization is required for the codes listed.	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
Bariatric surgery	Prior authorization is required for the codes listed.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	<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>	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	<p>Prior authorization is required for the codes listed.</p> <p>Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.</p>	81162 81166 81217	81163 81212 81432	81164 81215	81165 81216
Breast reconstruction (non-mastectomy) 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
Cancer supportive care	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen®)			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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administered in an outpatient setting for a cancer diagnosis.

- J1442
- Filgrastim-aafi (Nivestym™)**
- Q5110
- Filgrastim-ayow, biosimilar (Releuko®)**
- Q5125
- 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
- Colony Stimulating Factors**
- J1449
- Erythropoiesis-Stimulating Agents**
- J0885

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 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:

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program			
Cardiovascular	Prior authorization is required.	93580			
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	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
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: <ul style="list-style-type: none"> 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 <p>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.</p>			
Circumcision	Routine circumcision is not a covered benefit. Prior authorization is required only for cases with documented medical necessity.	54150	54160	54161	54162
Cochlear and other auditory implants	For members younger than 21: Prior authorization is required for the codes listed. For members 21 and older: <ul style="list-style-type: none"> Prior authorization required for supplies, equipment maintenance and repair of component parts Hardware is not a covered benefit Clinical documentation must accompany and establish medical necessity for this service request.	69710	69714	69930	L8614
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieves conversational speech		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization is required with Type 2 diabetes diagnosis.	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
Cosmetic and reconstructive	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
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological		14061*	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
function.		21282	21295	21740	21742
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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 . For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D1 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-D1.				
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.			
Durable medical equipment (DME)	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. These DME items are <u>not</u> covered by Preferred Homecare:	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 UHCprovider.com/AZcommunityplan > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.			
*Requires prior authorization regardless of dollar amount	<ul style="list-style-type: none"> • Bone stimulators • Diabetic supplies • Enclosed beds • Insulin pumps • Percussion vests • Specialty beds • Wound vacs 	E0194	E0265	E0266	E0270
		E0300	E0445	E0457	E0465
		E0466	E0483	E0486	E0620
		E0636	E0638	E0641	E0642
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0766	E0784	E0984
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1009	E1010	E1030	E1035
	Prosthetics are not DME – see orthotics and prosthetics	E1036	E1161	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E1825	E2100	E2227	E2228

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
DME (cont.)		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
 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 > 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.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Experimental or investigational (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 A4638 G0293 S9991	36514 A9274 G2000 S9992	64722 E1831 S9988 S9994	66180 G0276 S9990 S9996
Eye care/optometry	<p>Benefits provided for members younger than 21:</p> <ul style="list-style-type: none"> • One routine eye exam every 12 months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame for up to \$79.99 retail price • One 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 <p>For members 21 and older: 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.			
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 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
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 81325 81405 81415 86353 88261 88267 88273 88283 88299	81302 81401 81406 81416 88245 88262 88269 88274 88285	81321 81403 81407 81460 88248 88263 88271 88275 88289	81323 81404 81408 81479 88249 88264 88272 88280 88291
		Biomarker Codes			
		81313	81327	81435	81490

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hearing aids and services Hearing evaluations and hearing aids	For members younger than 21: Prior authorization is not required.	92590	92591	92592	92593
		92594	92595	V5010	V5011
		V5014	V5030	V5040	V5050
		V5060	V5095	V5100	V5120
		V5190	V5230	V5242	V5243
		V5244	V5245	V5246	V5247
	For members 21 and older: Prior authorization is required.	V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
		V5267	V5298		
Home health care	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
Hospice	Prior authorization is required for the codes listed.				
Hysterectomy	Prior authorization is required for the codes listed.	58150	58152	58180	58200
		58210	58240	58260	58262
		58263	58267	58270	58275
		58280	58285	58290	58291
		58292	58293	58294	58541
		58542	58543	58544	58548
		58550	58552	58553	58554
		58570	58571	58572	58573
		58951	58953	58954	58956
59525					
Incontinence supplies	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request 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 800-985-3059			
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 800-985-3059			
Injectable medications	Prior authorization is required for the codes listed.	Actemra			
		J3262			
		Adakveo			
		J0791			
		Aduhelm			
		J0172			
Adzyna					
J7171					
Amondys 45					
J1426					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Amvuttra			
		J0225			
		Apretude			
		J0739			
		Aralast NP, Prolastin-C, Zemaira			
		J0256			
		Avsola			
		Q5121			
		Benlysta			
		J0490			
		Beqvez			
		J1414			
		Berinert			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura			
		J0567			
		Briumvi			
		J2329			
		Cimerli			
		Q5128			
		Cinqair			
		J2786			
		Cosentyx IV			
		J3247			
		Crysvita			
		J0584			
		Cutaquig			
		J1551			
		Daxxify			
		J0589			
		Elevidys			
		J1413			
		Elfabrio			
		J2508			
		Enjaymo			
		J1302			
		Entyvio			
		J3380			
		Esperoct			
		J7204			
		Evenity			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J3111			
	Evkeeza				
	J1305				
	Eylea HD				
	J0177				
	Fasenra				
	J0517				
	Fensolvi				
	J1951				
	Feraheme				
	Q0138				
	Firmagon				
	J9155				
	Fynetra				
	Q5130				
	Gamifant				
	J9210				
	Givlaari				
	J0223				
	Glassia				
	J0257				
	Hemgenix				
	J1411				
	Ilaris				
	J0638				
	Ilumya				
	J3245				
	Inflectra				
	Q5103				
	Injectafer				
J1439					
IVIG					
J1459	J1554	J1555	J1556		
J1557	J1559	J1561	J1566		
J1568	J1569	J1572	J1575		
J1599					
Izervay					
J2782					
Kisunla					
J0175					
Korsuva					
J0879					
Krystexxa					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		<p>J2507</p> <p>Lamzedo</p> <p>J0217</p> <p>Lanreotide</p> <p>J1932</p> <p>Lemtrada</p> <p>J0202</p> <p>Leqembi</p> <p>J0174</p> <p>Leqvio</p> <p>J1306</p> <p>Lupron Depot</p> <p>J1950</p> <p>Lupron Depot, Eligard</p> <p>J9217</p> <p>Mepsevii</p> <p>J3397</p> <p>Monoferric</p> <p>J1437</p> <p>Nexviazyme</p> <p>J0219</p> <p>Nglazyme</p> <p>J1458</p> <p>Nplate</p> <p>J802</p> <p>Nucala</p> <p>J2182</p> <p>Ocrevus</p> <p>J2350</p> <p>Octreotide Acetate</p> <p>J2354</p> <p>OmvoH</p> <p>J2267</p> <p>Onpattro</p> <p>J0222</p> <p>Orencia</p> <p>J0129</p> <p>Panzyga</p> <p>J1576</p> <p>Parsabiv</p> <p>J0606</p> <p>Pombiliti</p> <p>J1203</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Prolia J0897 Qalsody J1304 Radicava J1301 Reblozyl J0896 Releuko Q5125 Remicade J1745 Renflexis Q5104 Riabni Q5123 Rituxan J9312 Rituxan Hycela J9311 Roctavian J1412 Ruconest J0596 Ruxience Q5119 Ryplazim J2998 Rystiggo J9333 Sandostatin LAR J2353 Saphnelo J0491 Scenesse J7352 Sevenfact J7212 Signifor LAR J2502 Simponi Aria J1602 Skyrizi

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J2327			
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Somatuline Depot				
	J1930				
	Spevigo				
	J1747				
	Stelara				
	J3358				
	Sublocade				
	Q9991	Q9992			
	Supprelin LA				
	J9226				
	Syfovre				
	J2781				
	Synagis				
	90378				
	Tepezza				
	J3241				
	Tezspire				
	J2356				
	Therapeutic Radiopharmaceuticals*				
	A9513	A9590	A9606	A9607	
	A9699				
	Tofidence				
	Q5133				
Trelstar					
J3315					
Triptodur					
J3316					
Tyenne					
Q5135					
Tzield					
J9381					
Unclassified codes**					
C9094	C9149	C9157	C9166		
C9172	C9399	J3490	J3590		
Uplizna					
J1823					
Intravitreal Vascular Endothelial Growth Factor (VEGF)					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J0178	J0179	J2777	J2778
		J2779	Q5124	Q5128	
		Veopoz			
		J9376			
		Vimizim			
		J1322			
		Vyepti			
		J3032			
		Vyvgart			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Xembify			
		J1558			
		Xenpozyme			
		J0218			
		Zoladex			
		J9202			
		<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 UHCprovider.com/policies > For Community Plans > Medical & 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 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.</p> <p>**For unclassified and temporary codes C9094, C9149, C9157, C9166, C9172, C9399, J3490 and J3590, prior authorization is only required for Nulibry, Revcovi, Rivfloza, Vabysmo</p>			
Inpatient admission and post-acute services	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"> • Acute care hospitals • Acute inpatient rehabilitation • Long-term acute care hospitals • Skilled nursing facilities 			
Joint replacement 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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Laboratory services	Prior authorization is required.	To determine prior authorization requirements, 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 listed.	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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		
Orthotics and prosthetics	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
	For members younger than 21 with orthotic limitation:	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
	For members 21 and older:	L2106	L2108	L2126	L2136
	AHCCCS orthotics coverage applies if:	L2350	L2510	L2526	L2627
	• The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines	L2628	L3230	L3265	L3649
		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
	For members 21 and older with orthotic limitation:	L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Orthotics and prosthetics (cont.)	<ul style="list-style-type: none"> 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
			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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
		L8631	L8659			
Out-of-network	Prior authorization is required for all out-of-network services.					
Out-of-state services	Benefit only approved when service is emergent or unavailable in Arizona.					
Outpatient therapy	For members younger than 21:	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. No benefit limits apply.	97039	97110	97112	97113	
		97116	97124	97140	97161	
		97162	97163	97164	97165	
	For members 21 and older:	97166	97167	97168	97799	
	Prior authorization is not required.					
	Outpatient speech therapy is <u>not</u> a covered benefit.					
	Occupational and physical therapy is covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:					
	<ul style="list-style-type: none"> • <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 • <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 					
	For Qualified Medicare Beneficiaries (QMB):					
	Covered for unlimited visits when medically necessary					
Pain injections and management	Prior authorization is required.	64490	64493			
Pharmacy drugs	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunity plan > Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization	90378	J0224	J0717	J1290	
		J1300	J1303	J1427	J1428	
		J1429	J1786	J2326	J2357	
		J2840	J3060	J3385	J3398	
		J3399				
		Service requests <u>must</u> include “J” Codes and NDC Codes for the medication requested.				
		The following hemophilia factor/				
	For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by: Phone: 800-310-6826					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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biotech drugs are included on the prior authorization list:

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

Fax: **866-940-7328**

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

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.

Potentially unproven services	Prior authorization is required.	33289		C2624	
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Pregnancy termination	Prior authorization is 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 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](https://www.azahcccs.gov) > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Health > Attachment C.				
Private duty nursing	Prior authorization is required for the codes listed.	T1002	T1003		
Prostate procedures	Prior authorization is required.	37243 53852	52441 55873	52442 55874	53850
Proton beam therapy	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					
Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to 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.</p> <p>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</p>			
Rhinoplasty and septoplasty	Prior authorization is required for the codes listed.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Treatment of nasal functional impairment and septal deviation					
Shoulder surgery	Prior authorization is required for the codes listed.	29805* 29820* 29825*	29806* 29822* 29826*	29807* 29823* 29827*	29819* 29824* 29828*
		*SOS also applies			
Sinuplasty	Prior authorization is required for the codes listed.	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	<p>Prior authorization is only required when requesting service in an outpatient hospital setting.</p> <p>Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).</p>	<p>Auditory system</p> <p>69205</p> <p>Cardiovascular system</p> <p>36590 36832</p> <p>Carpal tunnel surgery</p> <p>64721</p> <p>Cataract surgery</p> <p>66821 66982 66984</p> <p>Colonoscopy</p> <p>45378 45380 45384 45385</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive system			
		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	
		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	
		Hernia repair			
		49505	49650	49651	
		Integumentary system			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver biopsy			

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.)		47000			
	Male genital system				
		54840			
	Miscellaneous				
		20680			
	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
		28285	28289	28292	28296
		28297	28298	28299	29835
		29840	29845	29846	29848
		29861	29875	29876	29877
		29879	29880	29881	29882
		29888	29893	G0260	
	Nervous system				
		64561	64640		
	Ophthalmologic				
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
	Respiratory system				
		30802	30930	31525	31535
		31536	31541	31624	
Tonsillectomy and adenoidectomy					
	42820	42821	42825	42826	
	42830				
Upper gastrointestinal endoscopy					
	43235	43239	43249		
Urinary system					
	52276	52287	52320	52344	
Urologic procedures					
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52281	52310	52332	52351	
	52352	52353	52356	55040	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		55700	57288		
Skilled and custodial nursing facility services	Prior authorization is required.				
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required for the codes listed.	21685	41599	42145	
Specialty/enclosed beds	Prior authorization is required for the codes listed.	E0250 E0260 E0291 E0295 E0315 E0462	E0251 E0261 E0292 E0300 E0316	E0255 E0280 E0293 E0301 E0328	E0256 E0290 E0294 E0303 E0329
Spinal surgery	Prior authorization is required for the codes listed.	22100 22112 22210 22224 22513 22548 22558 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22101 22114 22212 22510 22515 22551 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 0098T	22102 22206 22214 22511 22532 22554 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306 22514*	22110 22207 22220 22512 22533 22556 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307
		*SOS applies			
Sterilization	Prior authorization is required.	52601 52649	52630 55250	52647 55801	52648 55821

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																																															
	<p>Any member requesting sterilization <u>must</u> sign an appropriate consent for sterilization form.</p> <p>For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization.</p> <p>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.</p>	55831 58615	58600 58670	58605 58671	58611 58700																																																												
<p>Stimulators Implantation of a device that sends electrical impulses</p>	<p>Prior authorization is required.</p>	<p>Bone growth stimulator</p> <table border="0"> <tr> <td>E0747</td> <td>E0748</td> <td>E0749</td> <td></td> <td></td> </tr> <tr> <td colspan="5">Neurostimulator</td> </tr> <tr> <td>43648</td> <td>43882</td> <td>61863</td> <td></td> <td>61864</td> </tr> <tr> <td>61867</td> <td>61868</td> <td>61885</td> <td></td> <td>61886</td> </tr> <tr> <td>63650</td> <td>63655</td> <td>63685</td> <td></td> <td>64553</td> </tr> <tr> <td>64555</td> <td>64568</td> <td>64570</td> <td></td> <td>64590</td> </tr> <tr> <td>L8680</td> <td>L8682</td> <td>L8685</td> <td></td> <td>L8686</td> </tr> <tr> <td>L8687</td> <td>L8688</td> <td></td> <td></td> <td></td> </tr> </table>				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																							
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L8687	L8688																																																																
<p>Transplant services</p>	<p>Prior authorization is required for the codes listed.</p> <p>Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.</p>	<p>For transplant and CAR T-Cell therapy services including Abecma® (idecaptivegen cicleuce), Breyanzi® (lisocabtagene maraluce), Carvykti™ (ciltacabtagene autoleuce), Kymriah™ (tisagenlecleuce), Lyfgenia® (lovotibeglogene autotemcel), Tecartus™ (brexucabtagene autoleuce) and Yescarta™ (axicabtagene ciloleuce), 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.</p> <table border="0"> <tr> <td>32850</td> <td>32851</td> <td>32852</td> <td></td> <td>32853</td> </tr> <tr> <td>32854</td> <td>32855</td> <td>32856</td> <td></td> <td>33930</td> </tr> <tr> <td>33933</td> <td>33935</td> <td>33940</td> <td></td> <td>33944</td> </tr> <tr> <td>33945</td> <td>38208</td> <td>38209</td> <td></td> <td>38210</td> </tr> <tr> <td>38212</td> <td>38213</td> <td>38214</td> <td></td> <td>38215</td> </tr> <tr> <td>38240</td> <td>38241</td> <td>38242</td> <td></td> <td>44132</td> </tr> <tr> <td>44133</td> <td>44135</td> <td>44136</td> <td></td> <td>44137</td> </tr> <tr> <td>44715</td> <td>44720</td> <td>44721</td> <td></td> <td>47133</td> </tr> <tr> <td>47135</td> <td>47140</td> <td>47141</td> <td></td> <td>47142</td> </tr> <tr> <td>47143</td> <td>47144</td> <td>47145</td> <td></td> <td>47146</td> </tr> <tr> <td>47147</td> <td>48551</td> <td>48552</td> <td></td> <td>48554</td> </tr> <tr> <td>50300</td> <td>50320</td> <td>50323</td> <td></td> <td>50325</td> </tr> </table>				32850	32851	32852		32853	32854	32855	32856		33930	33933	33935	33940		33944	33945	38208	38209		38210	38212	38213	38214		38215	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
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		50340	50360	50365	50370
		50547	38232*	J3392	J3394
		CAR T-cell therapy:			
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		Temporary and Unclassified Codes**			
		C9399	J3490	J3590	
		**Amtagvi, Lantidra, Lenmeldy, Tecelra			
Transportation	Transportation Prior authorization is required for non-emergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Management (MTM) at 888-700-6822.			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous 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	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
Wound vac	Prior authorization is required for the codes listed.	E2402			