

Prior authorization requirements for Arizona Developmental Disabilities

Effective November 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 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, federal- 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	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. For members 21 and older: Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	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
Behavioral health	Prior authorization is required for inpatient admissions. Prior authorization is required for outpatient services listed. Second-level review required by the division for out-of-state service requests.	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast cancer 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 except for after 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 care	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Filgrastim (Neupogen®)			
		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			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		Denosumab (Xgeva®)			
		J0897			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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: 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	Prior authorization is required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	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: - 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 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	54150	54160	54161	54162

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	covered benefit. Prior authorization is required <u>only</u> for cases with documented medical necessity.				
Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	For members younger than 21: Prior authorization is required for the codes listed. For members 21 and older: - 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 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitor	Prior authorization is required with type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization is required for the codes listed. Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	11960 14061* 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	14020* 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14021* 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14041 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966
		*Will NOT require prior auth when billed with skin cancer diagnoses			
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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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) *Requires prior authorization regardless of dollar amount	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. To request DME items, please call Preferred Homecare at 800-636-2123. These DME items are <u>not</u> 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 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.			
		E0194	E0265	E0266	E0270
		E0300	E0445	E0457	E0465
		E0466	E0483	E0486	E0620
		E0636	E0638	E0641	E0642
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0766	E0784	E0984
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1009	E1010	E1030	E1035
		E1036	E1161	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E1825	E2100	E2227	E2228
		E2230	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

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

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	33477	36514	64722	66180
		A4638	A9274	E1831	G0276
		G0293	G2000	S9988	S9990
		S9991	S9992	S9994	S9996

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Circumstances > 320-B.				
Eye care/optometry	Benefits provided for members younger than 21: - 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 For members 21 and older: Prior authorization is required when medically necessary to diagnose or treat diseases and conditions of the eye.	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			
Hearing aids and	For members younger than	92590	92591	92592	92593

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
services	21:	92594	92595	V5010	V5011
Hearing evaluations and hearing aids	Prior authorization is not required.	V5014	V5030	V5040	V5050
		V5060	V5095	V5100	V5120
	For members 21 and older:	V5190	V5230	V5242	V5243
	Prior authorization is required.	V5244	V5245	V5246	V5247
		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 Adzynma™ J7171 Amondys® 45 J1426 Amvuttra™ J0225 Aralast® NP, Prolastin-C, Zemaira®			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J0256			
		Avsola®			
		Q5121			
		Benlysta™			
		J0490			
		Beqvez			
		J1414			
		Berinert®			
		J0597			
		Bkemv			
		Q5152			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura®			
		J0567			
		Briumvi™			
		J2329			
		Cimerli™			
		Q5128			
		Cinqair®			
		J2786			
		Cosentyx IV			
		J3247			
		Crysvita®			
		J0584			
		Cutaquig®			
		J1551			
		Daxxify®			
		J0589			
		Elfabrio®			
		J2508			
		Encelto			
		J3403			
		Enjaymo™			
		J1302			
		Entyvio®			
		J3380			
		Epysqli			
		Q5151			
		Esperoct®			
		J7204			
		Evenity®			
		J3111			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Evkeeza®			
		J1305			
		Eylea™ HD			
		J0177			
		Fasenra™			
		J0517			
		Fensolvi®			
		J1951			
		Feraheme®			
		Q0138			
		Firmagon®			
		J9155			
		Fylnetra™			
		Q5130			
		Gamifant®			
		J9210			
		Givlaari®			
		J0223			
		Glassia®			
		J0257			
		Hemlibra			
		J7170			
		Hemgenix™			
		J1411			
		Hypnavorzi			
		J7172			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Imuldosa IV			
		Q5098			
		Inflectra™			
		Q5103			
		Injectafer®			
		J1439			
		IVIG			
		J1459	J1552	J1554	J1555
		J1556	J1557	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599		
		Izervay™			
		J2782			
		Jubbonti			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Q5136
		Kisunla
		J0175
		Korsuva™
		J0879
		Krystexxa®
		J2507
		Lamzed®
		J0217
		Lanreotide
		J1932
		Lemtrada™
		J0202
		Leqembi™
		J0174
		Leqvio®
		J1306
		Lupron Depot®
		J1950
		Lupron Depot®, Eligard
		J9217
		Lutrate Depot
		J1954
		Mepsevii®
		J3397
		Monoferric®
		J1437
		Nexvazyme®
		J0219
		Niktimvo
		J9038
		Nglazyme
		J1458
		Nplate®
		J2802
		Nucala®
		J2182
		Nulibry
		J1809
		Nypozi
		Q5148
		Ocrevus®
		J2350

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Ocrevus Zunovo
		J2351
		Octreotide Acetate
		J2354
		Omvo[™]
		J2267
		Onpattro[®]
		J0222
		Orencia[®]
		J0129
		Otulf[®] IV
		Q9999
		Panzyga[®]
		J1576
		Parsabiv[®]
		J0606
		Pavblu
		Q5147
		PiaSky
		J1307
		Pombiliti
		J1203
		Prolia[®]
		J0897
		Pyzchiva IV
		Q9997
		Qalsody
		J1304
		Radicava[®]
		J1301
		Reblozyl[®]
		J0896
		Releuko[®]
		Q5125
		Remicade[®]
		J1745
		Renflexis[®]
		Q5104
		Riabni[™]
		Q5123
		Rituxan[®]
		J9312
		Rituxan Hycela[®]

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J9311			
		Roctavian™			
		J1412			
		Ruconest®			
		J0596			
		Ruxience®			
		Q5119			
		Ryplazim®			
		J2998			
		Rystiggo™			
		J9333			
		Sandostatin LAR			
		J2353			
		Saphnelo®			
		J0491			
		Scenesse®			
		J7352			
		Selardsdi			
		Q9998			
		Sevenfact			
		J7212			
		Signifor® LAR			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Somatuline® Depot			
		J1930			
		Spevigo™			
		J1747			
		Stelara™			
		J3358			
		Steqeyma IV			
		Q5099			
		Sublocade™			
		Q9991	Q9992		
		Supprelin® LA			
		J9226			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Syfovre™			
		J2781			
		Synagis®			
		90378			
		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
		Therapeutic Radiopharmaceuticals*			
		A9513	A9590	A9606	A9607
		A9699			
		Tofidence™			
		Q5133			
		Trelstar®			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur®			
		J3316			
		Tyenne™			
		Q5135			
		Tziel™			
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Q5138 Xembify™ J1558 Xenpozyme J0218 Yesintek IV Q5100 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. Predetermination 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 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 . **For unclassified and temporary codes C9094, C9149, C9157, C9166, C9399, J3490 and J3590, prior authorization is only required for Revcovi, Rivfloza, Vabysmo			
Inpatient admission and post-acute services	Notification is required for admissions.	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 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			
Laboratory services	Prior authorization is required.	To determine prior authorization requirements, please call LabCorp at 800-788-9743.			
Nonemergent 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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
		L0810	L0820	L0830	L0859
	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	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
	The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively	L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2136
		L2350	L2510	L2526	L2627
		L2628	L3230	L3265	L3649
	For members 21 and older:	L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
	AHCCCS orthotics coverage applies if:	L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
	The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines	L3999	L4000	L4010	L4020
		L4350	L4392	L4394	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
	The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition	L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
	The orthotic is ordered by a physician or primary care provider	L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
	For members 21 and older with orthotic limitation:	L5616	L5639	L5640	L5642

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	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	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
	The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6915
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7405	L8040	L8042	L8043
		L8044	L8045	L8046	L8047
		L8499	L8609	L8610	L8612
		L8631	L8659		
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.				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Outpatient therapy	For members younger than 21:	92507	92508	92521	92522	
		92523	92524	92526	97012	
		97014	97016	97018	97022	
		Prior authorization is required for the codes listed.	97026	97028	97033	97034
		97039	97110	97112	97113	
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.	97116	97124	97140	97161	
		97162	97163	97164	97165	
		97166	97167	97168	97799	
		For members 21 and older:				
		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:						
• <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:						
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/AZcommunityplan > Pharmacy Resources & Physician Administered Drugs >	90378	J0224	J0717	J1290	
		J1299	J1303	J1427	J1428	
		J1429	J1786	J2326	J2357	
		J2840	J3060	J3385	J3398	
		J3399				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	Pharmacy Prior Authorization	For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization service by:
	Service requests <u>must</u> include J codes and NDC codes for the medication requested.	Phone: 800-310-6826 Fax: 866-940-7328
	The following hemophilia factor/ biotech drugs are included on the prior authorization list:	For specialty pharmacy prior authorization, please fax 866-940-7328 .
	• 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 > 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	
Pregnancy termination	Prior authorization is required for the codes listed.	59840 59852	59841 59855	59850 59856	59851 59857
	Prior authorization includes Mifepristone, Mifeprex® or RU-486.				
	Clinical documentation and the certificate of medical necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.				
	For more information, please review AMPM Chapter 400, Section 410, Section E				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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 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 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	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and 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			
Rhinoplasty and	Prior authorization is required	30400	30410	30420	30430

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
septoplasty Treatment of nasal functional impairment and septal deviation	for the codes listed.	30435 30465	30450	30460	30462
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	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.	Auditory system 69205 Cardiovascular system 36590 36832 Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 Colonoscopy 45378 45380 45384 45385 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			

Procedures and services	Additional information		CPT® or HCPCS codes and/or how to obtain prior authorization	
Site of service (SOS) – outpatient hospital (cont.)			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			
			47000	
	Male genital system			
			54840	
	Miscellaneous			
			20680	
	Musculoskeletal system			
			20552	20553
			21012	21013
			21336	21554
			21555	21556
			21930	22902
			22903	23071
			23075	23470
			23472	23473
			23474	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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		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
		55700	57288		
Skilled and custodial nursing facility services	Prior authorization is required.				
Sleep apnea procedures and surgeries	Prior authorization is required for the codes listed.	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Specialty/enclosed beds	Prior authorization is required for the codes listed.	E0250	E0251	E0255	E0256
		E0260	E0261	E0280	E0290
		E0291	E0292	E0293	E0294
		E0295	E0300	E0301	E0303
		E0315	E0316	E0328	E0329
		E0462			
Spinal surgery	Prior authorization is required for the codes listed.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22515	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0098T	22514*	
	*SOS applies				

Sterilization	Prior authorization is required.	52601	52630	52647	52648
		52649	55250	55801	55821
	Any member requesting sterilization <u>must</u> sign an appropriate consent for sterilization form.	55831	58600	58605	58611
		58615	58670	58671	58700
	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. 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 Prior authorization is required. **Bone growth stimulator**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	
		Neurostimulator			
		43648	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
		L8687	L8688		
Transplant services	Prior authorization is required for the codes listed. Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.	For transplant and CAR T-Cell therapy services including Abecma, Aucztyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Tecartus, Tecelra and Yescarta, 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
		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*	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 Codes**			
		C9399	J3490	J3590	
		**Amtagvi, Lantidra, Zevaskyn			
Transportation	Transportation prior authorization is required for nonemergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Management at 888-700-6822.			
Vein procedures Removal and ablation of the main	Prior authorization is required for the codes listed.	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities					
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			