Prior authorization requirements for Arizona Developmental Disabilities

Effective November 1, 2026

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
- 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, federal- and state-reimbursable services are covered services, 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, Diagnostic and Treatment (EPSDT) when	

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

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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	
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 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 administered in an outpatient setting for a cancer diagnosis.	Injectable colony-stimulating factor drugs that require prior authorization: J0897 J2506 Q5110 Q5125 Q5159 Colony Stimulating Factors J1449	J1442 J2820 Q5111 Q5136	J1447 Q5101 Q5120 Q5157 Q5148	J1448 Q5108 Q5122 Q5158

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		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.	0569T 0570T 93580
Cerebral seizure monitoring – Inpatient video electroencephalogram	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 Please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to

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		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 is required only for cases with documented medical necessity.	54150	54160	54161	54162
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	Prior authorization is required for the codes listed.	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	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 *Will NOT require prior auth when billed with skin cancer diagnoses	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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
condition or improve or restore physiologic function		
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) *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 not 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. E0194 E0265 E0266 E0270 E0300 E0445 E0457 E0465 E0466 E0483 E0486 E0620 E0636 E0638 E0641 E0642 E0656 E0669 E0670 E0675 E0693 E0694 E0710 E0745

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
DME (cont.)	• Bone stimulators • Diabetic supplies • Enclosed beds • Insulin pumps • Percussion vests • Specialty beds • Wound vacs Prosthetics are not DME – see orthotics and prosthetics	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 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.

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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 Circumstances > 320-B.	33477 A4638 G0293 S9991	36514 A9274 G2000 S9992	64722 E1831 S9988 S9994	66180 G0276 S9990 S9996
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	For member eye care services, please call Nationwide Vision at 480-961-1702.			

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	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 aids and services Hearing evaluations and hearing aids	For members younger than 21: Prior authorization is not required. For members 21 and older: Prior authorization is required.	V5030 V5040 V5050 V5060 V5095 V5100 V5120 V5190 V5230 V5242 V5243 V5244 V5245 V5246 V5247 V5248 V5249 V5250 V5251 V5252 V5253 V5254 V5255 V5256 V5257 V5258 V5259 V5260 V5261 V5298
Home health	Prior authorization is	G0299 G0300 S9123 S9124

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care	required for the codes listed.	
Hospice	Prior authorization is required	Hospice requires completed COTI form and revenue codes (0651/0652 or 0655/0656) for claim payment
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® J0256 Avlayah J1757 Avsola® Q5121 Avtozma Q5156

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		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 Enjaymo™ J1302 Entyvio® J3380 Epysqli Q5151 Esperoct®

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Injectable medications (cont.)		J7204 Evenity® J3111 Exdensur J2361 Evkeeza® J1305 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 Hyalgan, Supartz, Visco-3 J7321 Hymovis, Hymovis One J7322 Hympavzi J7172 Ilaris® J0638 Ilumya™ J3245 Imaavy J9256

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Injectable medications (cont.)		Imuldosa IV Q5098 Inflectra™ Q5103 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 Lupron Depot®, Eligard J9217 Lutrate Depot J1954 Mepsevii® J3397 Monoferric®

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Injectable medications (cont.)		J1437 Nexviazyme® J0219 Niktimvo J9038 Nglazyme J1458 Nplate® J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Ocrevus® J2350 Ocrevus Zunovo J2351 Octreotide Acetate J2354 Omvoh™ J2267 Onpattro® J0222 Orencia® J0129 Ospomyv Q5169 Osvyrti Q5166 Otulfi IV Q9999 Panzyga® J1576 Papzimeos J3404 Parsabiv® J0606 Pavblu Q5147 PiaSky J1307

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		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® J9311 Roctavian™ J1412 Ruconest® J0596 Ruxience® Q5119 Ryplazim® J2998 Rystiggo™ J9333 Sandostatin LAR J2353 Saphnelo® J0491 Scenesse® J7352 Selardsdi Q9998 Sevenfact

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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*			
		A9513	A9590	A9606	A9607
		A9615	A9699		
		Tofidence™			
		Q5133			
		Trelstar®			
		J3315			
		Tremfya IV			

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		J1628 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 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

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		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 Kebilidi, Revcovi, Rivfloza, Vabysmo
Inpatient admission and post-acute services	Notification is required at 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
Joint replacement Joint, total hip and knee replacement procedures	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.	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 Treatment of maxillofacial/jaw functional impairment	Prior authorization is required for the codes listed.	21121 21123 21125 21127 21141 21142 21143 21145 21146 21147 21150 21151 21154 21155 21159 21160 21188 21193 21194 21195 21196 21198 21199 21206 21208 21209 21210 21215 21240 21242 21244 21245 21246 21247 21248 21249 21255 21296 21299

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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. 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 the component isn't operating effectively For members 21 and older: AHCCCS orthotics coverage applies if: • The use of the orthotic is medically necessary as 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 provider For members 21 and older with orthotic limitation:	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
		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

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United Healthcare Community Plan

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 The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	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	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	Prior authorization is required	92507 92508 92521 92522 92523 92524 92526 97012 97014 97016 97018 97022 97026 97028 97033 97034 97039 97110 97112 97113 97116 97124 97140 97161 97162 97163 97164 97165 97166 97167 97168 97799			
Pain	Prior authorization is	64490 64493			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
injections and management	required.				
Pharmacy drugs	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization 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™ • Cerezyme™ • Cimzia® • Cinryze • Elaprase® • Exondys 51® • Elelyso™ • Fabrazyme® • Juxtapid™ • Kalydeco™ • Kuvan™ • Kynamro™ • Lumizyme® • Myozyme™ • Orfadin™ • Soliris® • Spinraza™ • Synagis® • VPRIV™ • Xolair® • Zolgensma®	90378 J1299 J1429 J2840 J3399 For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization service by: 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.	J0224 J1303 J1786 J3060	J0717 J1427 J2326 J3385	J1290 J1428 J2357 J3398
Potentially unproven	Prior authorization is required.	33289	C2624		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
services					
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 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.	59840 59852	59841 59855	59850 59856	59851 59857
Private duty nursing	Prior authorization is required for the codes listed.	T1002	T1003		
Prostate procedures	Prior authorization is required.	37243	52441	52442	53850

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization is required for the codes listed.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization is required for the codes listed.	29806* 29822* 29826* *SOS also applies	29807* 29823* 29827*	29819* 29824* 29828*	29820* 29825*
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.	Auditory system 69205 Carpal tunnel surgery 64721			

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United Healthcare Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Site of service (SOS) – outpatient hospital (cont.)	Prior authorization is not required if performed at a participating ambulatory surgery center.	Cataract surgery 66821 66982 66984 Cosmetic and reconstructive 13101 13132 14040 14060 14301 Digestive system 42440 46220 46221 46250 46255 46261 46270 46505 46946 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 Male genital system 54840 Miscellaneous 20680 Musculoskeletal system 21012 21013 23470 23472 23473 23474 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

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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.)		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 and custodial 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 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 E0255 E0260 E0292 E0293 E0294 E0295 E0300 E0301 E0303 E0316 E0328 E0329 E0462
Spinal surgery	Prior authorization is required for the codes listed.	22206 22207 22210 22212 22214 22220 22224 22510 22511 22512 22513 22515 22532 22533 22548 22551 22554 22556 22558 22590 22595 22600 22610 22612

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22836
		22837	22838	22849	22852
		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	63185	63190
		63191	63267	63268	63270
		63271	63272	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0098T
		0656T	0657T	0790T	
Sterilization	Prior authorization is required. Any member requesting sterilization must sign an appropriate consent for sterilization form. 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 >	52601	52630	52648	52649
		55250	55801	55821	55831
		58600	58605	58611	58615
		58670	58671	58700	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	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, Tecartus, 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 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 Codes** C9399 J3490 J3590 **Amtagvi, Kresladi, Lantidra
Transportation	Transportation prior authorization is required for	To schedule transportation, please call Medical Transportation Management at 888-700-6822.

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	nonemergent taxi and stretcher van				
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 37718 37780	36475 37722	36478 37765	37700 37766
Ventricular assist devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509
Wound vac	Prior authorization is required for the codes listed.	E2402			

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