

Prior authorization requirements

for Arizona Long Term Care

Effective January 1, 2026

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Long Term Care 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 **877-842-3210**

Please note

- To be eligible for authorization, services must be covered benefits as outlined and defined by the Arizona Health Care Cost Containment System (AHCCCS)
- Services provided by out-of-network, 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
- 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, 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 and 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 or another	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	route of administration, is not a covered benefit.	<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 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. <p>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.</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	Prior authorization is required for inpatient admissions.	For a full list of Behavioral Health prior authorization requirements, please visit Behavioral Health Prior Authorization Code List by State			
Prior authorization is required for outpatient services listed.					
Bone growth stimulator Electronic stimulation or ultrasound to heal	Prior authorization is required for the codes listed.	20975	20979		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
fractures						
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 81433	81165 81216	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization is required for the codes listed.	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371	
Cancer Supportive Care	Prior authorization is required	J1434 Colony Stimulating Factors Q5148		20979		
Cardiovascular	Prior authorization is required.	93580	DX Not Req PA			
E08.52 E13.52 I70.228 I70.233 I70.239 I70.244 I70.25 I70.268 I70.323 I70.333 I70.339 I70.344 I70.35 I70.369 I70.428 I70.433 I70.439 I70.444 I70.461 I70.469				E09.52 I70.221 I70.229 I70.234 I70.241 I70.245 I70.261 I70.269 I70.329 I70.334 I70.341 I70.345 I70.361 I70.421 I70.429 I70.434 I70.441 I70.445 I70.462 I70.521	E10.52 I70.222 I70.231 I70.235 I70.242 I70.248 I70.262 I70.321 I70.331 I70.335 I70.342 I70.348 I70.362 I70.422 I70.431 I70.435 I70.442 I70.448 I70.463 I70.522	E11.52 I70.223 I70.232 I70.238 I70.243 I70.249 I70.263 I70.322 I70.332 I70.338 I70.343 I70.349 I70.363 I70.423 I70.432 I70.438 I70.443 I70.449 I70.468 I70.523

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		M86.8X9 L03.116 Q27.8 S35.512A T82.338A T82.898A	M86.9 Q27.30 Q27.9 T82.312A T82.392A I73.00	I96 Q27.32 Q87.2 T82.318A T82.398A I73.01	L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1
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	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
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	For members older than 21: 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 procedures Cosmetic procedures that	Prior authorization is required for the codes listed. Services or items furnished	11960 14041 15847 17999 21172	11971 14061* 17106 21137 21175	14020* 15823 17107 21138 21179	14021* 15830 17108 21139 21180

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
change or improve physical appearance without significantly improving or restoring physiological function	solely for cosmetic purposes are excluded from AHCCCS coverage.	21181	21182	21183	21184	21275
		21230	21235	21256	21270	21740
		21280	21282	21295	67903	67909
		21742	21743	28344	30620	67915
		67900	67901	67902	67922	67961
		67904	67906	67908	67921	67966
		67911	67912	67914	67915	67966
		67916	67917	67921	67922	67966
		67923	67924	67950	67961	67966
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		*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-D2 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300: Medical Policy for Covered Services > 310, Covered Services > 310-D2.					
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 for the codes listed with a retail purchase	E0193	E0194	E0265	E0266	E0302
		E0270	E0277	E0300	E0445	E0457

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	or a cumulative rental cost of more than \$500.	E0465	E0466	E0483	E0486
		E0620	E0636	E0656	E0669
		E0670	E0675	E0693	E0694
		E0700	E0710	E0745	E0766
	Arizona Long Term Care will review Medicare denials of DME. Clinical documentation and a copy of the denial must	E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
	accompany and establish medical necessity for the service request.	E1030	E1035	E1036	E1161
	Prosthetics are not DME – see orthotics and prosthetics.	E1229	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1239	E1825	E1902
		E2100	E2227	E2228	E2230
		E2298	E2301	E2322	E2325
		E2327	E2329	E2331	E2351
		E2373	E2500	E2502	E2504
		E2506	E2508	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/parental/oral	Prior authorization is required for the codes listed.	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
	In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition and/or lipids and oral	B9002	B9998		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
supplements	<p>For members younger than 21:</p> <p>For more information, please review 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.</p>	
	<p>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.</p>	
	<p>For members 21 and older:</p> <p>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.</p> <p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Enteral services/ parental/ oral (cont.)	(AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG. > Attachment A					
Experimental and investigational (and/or linked services)	<p>Prior authorization is required for all services considered experimental and/or investigational.</p> <p>For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at 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.</p>	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:</p> <p>Prior authorization is required when medically necessary to diagnose or</p>	<p>For member eye care services, please call Nationwide Vision at 480-961-1702.</p>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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	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 services not covered by LabCorp.	81265	81302	81321	81323
		81325	81401	81403	81404
		81405	81406	81407	81408
		81415	81416	81460	81479
	To determine prior authorization requirements, please call LabCorp at 800-788-9743.	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	For members younger than 21:	V5014	V5060	V5190	V5244
		V5248	V5252	V5256	V5260
Hearing evaluations and hearing aids	Prior authorization is not required.	V5267	V5030	V5095	V5230
		V5245	V5249	V5253	V5257
	For members 21 and older:	V5261	V5298	V5010	V5040
	Prior authorization is required.	V5100	V5242	V5246	V5250
		V5254	V5258	V5262	V5011
		V5050	V5120	V5243	V5247
		V5251	V5255	V5259	V5263
Home- and community-based services	Prior authorization is required.				
Home health care	Prior authorization is required for the codes listed.				
	Infusion services – prior authorization is not required.				
Hospice	Prior authorization is required for the codes				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	listed.	request.				
Hysterectomy	Prior authorization is required for the codes listed.	58150 58210 58263 58280 58292 58542 58550 58570 58951 59525	58152 58240 58267 58285 58293 58543 58552 58571 58953	58180 58260 58270 58290 58294 58544 58553 58572 58954	58200 58262 58275 58291 58541 58548 58554 58573 58956	
Incontinence supplies	<p>For members younger than 21:</p> <p>Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month.</p> <p>For members 21 and older:</p> <p>Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.</p>					
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 Avsola® Q5121 Avtozma Q5156 Benlysta™				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0490 Beqvez J1414 Berinert® J0597 Bkemv Q5152 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® J7204 Evenity® J3111 Evkeeza® J1305

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		<p>Eylea™ HD J0177 Fasenra™ J0517 Fensolvi® J1951 Feraheme® Q0138 Gamifant® J9210 Givlaari® J0223 Glassia® J0257 Hemlibra J7170 Hemgenix™ J1411 Hympavzi J7172 Ilaris® J0638 Illumya™ 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 Q5136 Kisunla J0175 Korsuva™ J0879 Krystexxa®</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J2507 Lamzede® J0217 Lemtrada™ J0202 Leqembi J0174 Leqvio® J1306 Lutrate Depot J1954 Mepsevii® J3397 Monoferric® J1437 Nexviazyme® J0219 Nglazyme J1458 Niktimvo J9038 Nplate® J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Ocrevus® J2350 Ocrevus Zunovo J2351 Orencia® J0129 Omvoh™ J2267 Onpattro® J0222 Otulfi IV Q9999 Panzyga® J1576

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		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
		Roctavian™
		J1412
		Ruconest®
		J0596
		Ryplazim®
		J2998
		Rystiggo™
		J9333
		Saphnelo®
		J0491
		Scenesse®
		J7352
		Selardsdi
		Q9998
		Sevenfact™
		J7212
		Signifor LAR®

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	J2502				
	Simponi Aria®				
	J1602				
	Skyrizi®				
	J2327				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Spevigo™				
	J1747				
	Stelara™				
	J3358				
	Steqeyma IV				
	Q5099				
	Stoboclo				
	Q5157				
	Sublocade™				
	Q9991	Q9992			
	Syfovre™				
	J2781				
	Synagis®				
	90378				
	Tepezza®				
	J3241				
	Tezspire™				
	J2356				
	Therapeutic Radiopharmaceuticals				
	A9615				
	Tofidence™				
	Q5133				
	Tremfya IV				
	J1628				
	Triptodur®				
	J3316				
	Tyenne™				
	Q5135				
	Tzield™				
	J9381				
	Unclassified codes*				
	C9094	C9149	C9157	C9166	
	C9399	J3490	J3590		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Uplizna®
J1823
Intravitreal Vascular Endothelial Growth Factor
J0178 J0179 J2777 J2778
J2779 Q5124 Q5128
Wezlana IV
Q5138
Veopoz™
J9376
Vimizim®
J1322
Vyepti®
J3032
Vyvgart®
J9332
Vyvgart® Hytrulo™
J9334
Xembify™
J1558
Xenpozyme™
J0218
Yesintek IV
Q5100
Zymfentra
J1748

Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration 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 > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

*For unclassified and temporary codes C9094, C9149, C9157, C9166, C9167, C9168, C9399, J3490 and J3590, prior authorization is only required for Kebilidi, Revcov, Rivfloza, Starjemza, Vabysmo

Inpatient admission	Prior authorization is required for inpatient admissions including:
	<ul style="list-style-type: none"> • Behavioral/

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Inpatient - observation	<ul style="list-style-type: none"> substance abuse Elective surgical with admission Hospice Long-term acute care/rehabilitation Skilled nursing facilities <p>Prior authorization is not required for emergency services.</p> <p>Prior authorization is not required.</p> <p>Notification required if member is admitted for an inpatient stay.</p> <p>Observation must be ordered in writing by a physician, or other individual authorized by hospital staff bylaws, to admit patients to the hospital or to order outpatient diagnostic tests or treatments.</p>					
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization is required for the codes listed.	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487	24362 27120 27134 27446 29866	24363 27125 27137 27447 29867	
Laboratory services	Prior authorization is not required. If you have questions, 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	Prior authorization is required for the codes listed.	21121 21141 21146 21154 21188	21123 21142 21147 21155 21193	21125 21143 21150 21159 21194	21127 21145 21151 21160 21195	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
impairment		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
	For members younger than 21 with orthotic limitation:	L0464	L0480	L0482	L0484
	<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 	L0486	L0624	L0629	L0631
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively 	L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
		L1836	L1840	L1844	L1845
		L1847	L1860	L1945	L1950
		L2000	L2005	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2526	L2627
		L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5270
		L5280	L5301	L5312	L5321
		L5331	L5341	L5400	L5420
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5460	L5500	L5505	L5510
		L5520	L5530	L5535	L5540
		L5560	L5570	L5580	L5585
	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines 	L5590	L5595	L5600	L5610
	<ul style="list-style-type: none"> The orthotic is less expensive than all other treatment options or 	L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5646	L5647	L5648	L5649
		L5651	L5653	L5661	L5673
		L5682	L5683	L5700	L5702
		L5703	L5705	L5706	L5716
		L5718	L5724	L5726	L5728

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Orthotics and prosthetics (cont.)	surgical procedures to treat the same diagnosed condition	L5780	L5790	L5795	L5811	L5818
	• The orthotic is ordered by a physician or primary care physician	L5822	L5824	L5826	L5828	L5857
	For members 21 and older with orthotic limitation:	L5830	L5845	L5848	L5850	L5960
	• 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	L5858	L5930	L5950	L5964	L5966
	• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively	L5961	L5962	L5964	L5974	L5980
		L5968	L5976	L5979	L5986	L5986
		L5981	L5982	L5984	L5990	L5999
		L5987	L5988	L5990	L6000	L6055
		L6000	L6020	L6050	L6100	L6120
		L6100	L6110	L6120	L6200	L6250
		L6200	L6205	L6360	L6300	L6370
		L6310	L6320	L6384	L6400	L6400
		L6380	L6382	L6550	L6570	L6584
		L6450	L6500	L6584	L6586	L6586
		L6580	L6582	L6621	L6623	L6648
		L6588	L6590	L6646	L6686	L6686
		L6624	L6646	L6690	L6692	L6692
		L6687	L6689	L6695	L6696	L6696
		L6693	L6694	L6704	L6707	L6708
		L6697	L6711	L6712	L6713	L6713
		L6709	L6881	L6882	L6883	L6883
		L6714	L6884	L6895	L6900	L6900
		L6884	L6910	L6920	L6925	L6925
		L6905	L6940	L6945	L6950	L6950
		L6935	L6960	L6965	L6970	L6970
		L6955	L7007	L7008	L7009	L7009
		L6975	L7045	L7170	L7180	L7180
		L7040	L7181	L7186	L7190	L7190
		L7181	L7405	L8040	L8042	L8042
		L7191	L8043	L8044	L8045	L8046
		L8043	L8047	L8499	L8609	L8610
		L8047	L8612	L8631	L8659	L8659
Out-of-state services	Benefit only approved when service is emergent or unavailable in Arizona.					
Out-of-network services	Prior authorization is required for all out-of-network services.					
Outpatient therapy – occupational, physical and speech therapy	For members older than 21: Occupational, physical and speech therapy are covered when medically necessary. No annual benefit limits	97012	97014	97016	97018	
		97022	97026	97028	97033	
		97034	97039	97110	97112	
		97113	97116	97124	97140	
		97530	97535	97799	G0281	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	<p>apply; however, requests will be reviewed for medical necessity.</p> <ul style="list-style-type: none"> Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits <p>For members 21 and older: Occupational/speech therapy Prior authorization is required for occupational and speech therapy. Services are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity.</p>	<p>G0283</p> <p>92507 92508 92526</p>
	<ul style="list-style-type: none"> Prior authorization is required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits. <p>Physical therapy – outpatient Prior authorization is NOT required for outpatient physical therapy. Outpatient physical therapy services are:</p> <ul style="list-style-type: none"> Limited to 15 visits per benefit year, Oct. 1–Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it <p>Physical therapy – skilled nursing or custodial facility</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<p>considered as inpatient.</p> <p>Services are covered when medically necessary and not subjected to outpatient benefits limitations.</p> <ul style="list-style-type: none"> Prior authorization is required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits. 				
Pain injections and management	Prior authorization is required.	64490	64493		
Pharmacy drugs	<p>A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs</p> <p>Service requests must include J codes and National Drug Codes for the medication requested.</p> <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> Aldurazyme® Ceprotin™ Cerezyme™ Cimzia® Cinryze Elaprase® Elelyso™ Exondys 51® Fabrazyme® Juxtapid™ Kalydeco™ Kuvan™ Kynamro™ 	90378 J1299 J1429 J2840 J3399	J0224 J1303 J1786 J3060	J0717 J1427 J2326 J3385	J1290 J1428 J2357 J3398

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<ul style="list-style-type: none"> • Lumizyme® • Myozyme™ • Orfadin™ • Soliris® • Spinraza™ • Synagis® • VPRI™ • Xolair® • Zolgensma® 						
Potentially Unproven Services	Prior authorization is required.	33289	C2624			
Pregnancy termination	<p>Prior authorization is required for the codes listed.</p> <p>Prior authorization includes Mifepristone, Mifeprex® or RU-486</p> <p>Clinical documentation and the certificate of medical necessity for pregnancy termination must accompany the prior authorization request form.</p> <p>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.</p> <p>The Certificate of Medical Necessity For Pregnancy Termination can be found at azahcccs.gov ></p>	59840	59841	59850	59856	59851 59857

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	Resources > Guides- Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.					
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874		53850
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required for the codes listed	77520	77522	77523		77525
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.	23470 29805 29820 29825	23472 29806 29822 29826	23473 29807 29823 29827		23474 29819 29824 29828
Sinuplasty	Prior authorization is required for the codes listed.	31295	31296	31297		31298
Skilled nursing facility services	Prior authorization is required. Separate prior authorization is required for outpatient services.					
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery	Prior authorization is required for the codes listed.	22100	22101	22102	22110
		22112	22114	22206	22207
Sterilization	Prior authorization is required for the codes listed.	22210	22212	22214	22220
		22224	22510	22511	22512
	For all members younger than age 21:	22513	22514	22515	22532
		22533	22548	22551	22554
	Prior authorization is required.	22556	22558	22590	22595
		22600	22610	22612	22630
	Any member requesting sterilization must sign an appropriate Consent for Sterilization form.	22633	22800	22802	22804
		22808	22810	22812	22818
	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	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	

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	<p>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>					
Stimulators Implantation of a device that sends electrical impulses	Prior authorization is required.	Bone growth stimulator	E0747	E0748	E0749	E0760
		Neurostimulator	43648	43882	61863	61864
			61867	61868	61885	61886
			63650	63655	63685	64553
			64555	64568	64570	64590
			L8680	L8682	L8685	L8686
			L8687	L8688		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization											
		J3402	CAR-T cell therapy	0537T	0538T	0539T	0540T						
						J3392	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	Prior authorization is required for the codes listed.	36473	36475	36478	37700								
						37718	37722	37765	37766				
						37780							
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities													
Ventricular assist devices (VAD)	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.											
						33927	33928	33929	33975				
						33976	33979	33981	33982				
						33983	Q0507	Q0508	Q0509				
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow													
Wound vac	Prior authorization is required for the codes listed.	E2402											
						A negative pressure wound therapy pump and supplies							

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	<p>will be denied if one or more of the following are present:</p> <ul style="list-style-type: none"> • Cancer tissue in the wound • Criteria for continued coverage is no longer met • Necrotic tissue with eschar in the wound, if debridement isn't attempted • Supplies and equipment are no longer being used by the member • Untreated fistula to an organ or body cavity within vicinity of the wound • Untreated osteomyelitis within vicinity of the wound 	