

Prior authorization requirements for Arizona Long Term Care

Effective November 1, 2025

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](https://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 <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 or another route of administration,	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	is <u>not</u> 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.	For a full list of Behavioral Health prior authorization requirements, please visit Behavioral Health Prior Authorization Code List by State			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	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			
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	81433	
Breast reconstruction (nonmastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization is required for the codes listed.	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
Cardiovascular	Prior authorization is required.	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	
		DX Not Req PA			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cerebral seizure monitoring –	Prior authorization is required for inpatient	95700	95711	95712	95713

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Inpatient video electroencephalogram	services.	95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
Circumcision	Routine circumcision is <u>not</u> a covered benefit. Prior authorization is required <u>only</u> 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 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 <u>not</u> a covered benefit Clinical documentation <u>must</u> 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 procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological	Prior authorization is required for the codes listed. Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.	11960 14041 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916	11971 14061* 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917	14020* 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921	14021* 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
function		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 or a cumulative rental cost of more than \$500. Arizona Long Term Care will review Medicare denials of DME. Clinical documentation and a copy of the denial <u>must</u> accompany and establish	E0193 E0270 E0304 E0465 E0620 E0670 E0700 E0784 E1003 E1007 E1030 E1229	E0194 E0277 E0329 E0466 E0636 E0675 E0710 E0984 E1004 E1008 E1035 E1231	E0265 E0300 E0445 E0483 E0656 E0693 E0745 E0986 E1005 E1009 E1036 E1232	E0266 E0302 E0457 E0486 E0669 E0694 E0766 E1002 E1006 E1010 E1161 E1233

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
DME (cont.)	medical necessity for the service request. Prosthetics are not DME – see orthotics and prosthetics .	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/parenteral/oral In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition and/or lipids and oral supplements	Prior authorization is required for the codes listed.	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
	Clinical documentation and oral supplement certificate of medical necessity, as applicable, <u>must</u> accompany and establish medical necessity for this service request.				
	For members younger than 21:				
	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 >				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Enteral services/parenteral/oral (cont.)	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 > 310, Covered Services > 310-GG. > Attachment A					
Experimental and 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 >	33477 A4638 G0293 S9991	36514 A9274 G2000 S9992	64722 E1831 S9988 S9994	66180 G0276 S9990 S9996	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.

Eye care/optometry	Benefits provided for members younger than 21:	For member eye care services, please call Nationwide Vision at 480-961-1702.			
	- 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.				
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
		86353	88245	88248	88249
	To determine prior authorization requirements, please call LabCorp at 800-788-9743.	88261	88262	88263	88264
		88267	88269	88271	88272
		88273	88274	88275	88280

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		88283 88299	88285	88289	88291
		Biomarker Codes			
		81313	81327	81435	81490
Hearing aids and services	For members younger than 21:	92590	92591	92592	92593
		92594	92595	V5010	V5011
Hearing evaluations and hearing aids	Prior authorization is not required.	V5014	V5030	V5040	V5050
		V5060	V5095	V5100	V5120
		V5190	V5230	V5242	V5243
	For members 21 and older:	V5244	V5245	V5246	V5247
	Prior authorization is required.	V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
		V5267	V5298		
Home- and community-based services	Prior authorization is required.	For home- and community-based services, please call UnitedHealthcare Community Plan of Arizona at 800-293-3740 or the notification number on the back of the member's health plan ID card.			
Home health care	Prior authorization is required for the codes listed.	For codes G0299, G0300, S9123 and S9124, please fax Case Management at 877-395-5993 to complete the request.			
	Infusion services – prior authorization is not required.	G0299	G0300	S9123	S9124
Hospice	Prior authorization is required for the codes listed.	For prior authorization, please call the Long-Term Care Case Management unit at 602-255-8908 to complete the request.			
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	For members younger than 21:				
	Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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greater than 240 per month.

For members 21 and older:

Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.

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			
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Cutaquig® J1551 Daxxify® J0589 Elfabrio® J2508 Encelto J3403 Enjaymo™ J1302 Entyvio® J3380 Epysqli Q5151 Esperoct® J7204 Evenity® J3111 Evkeeza® J1305 Eylea™ HD J0177 Fasenra™ J0517 Fensolvi® J1951 Feraheme® Q0138 Gamifant® J9210 Givlaari® J0223 Glassia® J0257 Hemlibra J7170 Hemgenix™ J1411 Hympavzi J7172 Ilaris® J0638 Ilumya™

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		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®			
		J2507			
		Lamzede®			
		J0217			
		Lemtrada™			
		J0202			
		Leqembi			
		J0174			
		Leqvio®			
		J1306			
		Lutrate Depot			
		J1954			
		Mepsevii®			
		J3397			
		Monoferic®			
		J1437			
		Nexviazyme®			
		J0219			
		Nglazyme			
		J1458			
		Niktimvo			
		J9038			
		Nplate®			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Ocrevus® J2350 Ocrevus Zunovo J2351 Orencia® J0129 OmvoH™ J2267 Onpattro® J0222 Otufi 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Renflexis®			
		Q5104			
		Riabni™			
		Q5123			
		Roctavian™			
		J1412			
		Ruconest®			
		J0596			
		Ryplazim®			
		J2998			
		Rystiggo™			
		J9333			
		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		
		Spevigo™			
		J1747			
		Stelara™			
		J3358			
		Steqeyma IV			
		Q5099			
		Sublocade™			
		Q9991	Q9992		
		Syfovre™			
		J2781			
		Synagis®			
		90378			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
		Tofidence™			
		Q5133			
		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			
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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 Revcovi, Rivfloza, Vabysmo			
Inpatient admission	Prior authorization is required for inpatient admissions including: • Behavioral/substance abuse • Elective surgical with admission • Hospice • Long-term acute care/rehabilitation • Skilled nursing facilities Prior authorization is not required for emergency services.				
Inpatient – observation	Prior authorization is not required. Notification required if member is admitted for an inpatient stay. Observation <u>must</u> 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.				
Joint	Prior authorization is	24360	24361	24362	24363

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
replacement	required for the codes listed.	24370	24371	27120	27125
Joint, total hip		27130	27132	27134	27137
and knee		27138	27412	27446	27447
replacement		27486	27487	29866	29867
procedures		29868			
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	Prior authorization is required for the codes listed.	21121	21123	21125	21127
Treatment of		21141	21142	21143	21145
maxillofacial/jaw		21146	21147	21150	21151
functional		21154	21155	21159	21160
impairment		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
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
	For members younger than 21 with orthotic limitation:	L1310	L1499	L1680	L1685
	• Reasonable repairs or adjustments of	L1720	L1730	L1755	L1820
	purchased orthotics are	L1830	L1831	L1832	L1834
	covered for all members	L1836	L1840	L1844	L1845
	to make the orthotic	L1847	L1860	L1945	L1950
	serviceable and/or when	L2000	L2005	L2020	L2030
	the repair cost is less	L2034	L2036	L2037	L2038
	than purchasing another	L2060	L2106	L2108	L2126
	unit	L2136	L2350	L2526	L2627
	• The component will be	L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	replaced if, at the time	L3740	L3763	L3764	L3900
	authorization is	L3901	L3904	L3905	L3961
	requested,	L3976	L3977	L3999	L4000
	documentation is	L4010	L4020	L4631	L5010
	provided to establish the	L5020	L5050	L5060	L5100
	component isn't	L5105	L5150	L5160	L5200
	operating effectively	L5210	L5220	L5230	L5270
		L5280	L5301	L5312	L5321
	For members 21 and older:	L5331	L5341	L5400	L5420
	AHCCCS orthotics coverage	L5460	L5500	L5505	L5510
	applies if:	L5520	L5530	L5535	L5540
	• The use of the orthotic is	L5560	L5570	L5580	L5585
	medically necessary as	L5590	L5595	L5600	L5610
	the preferred treatment	L5613	L5614	L5616	L5639
	option consistent with	L5640	L5642	L5643	L5644
	Medicare guidelines	L5646	L5647	L5648	L5649
	• The orthotic is less	L5651	L5653	L5661	L5673
	expensive than all other	L5682	L5683	L5700	L5702
	treatment options or	L5703	L5705	L5706	L5716
	surgical procedures to	L5718	L5724	L5726	L5728
	treat the same diagnosed	L5780	L5790	L5795	L5811
	condition	L5812	L5814	L5816	L5818
	• The orthotic is ordered	L5822	L5824	L5826	L5828
	by a physician or primary	L5830	L5845	L5848	L5857
	care physician	L5858	L5930	L5950	L5960
	For members 21 and older	L5961	L5962	L5964	L5966
	with orthotic limitation:	L5968	L5976	L5979	L5980
	• Reasonable repairs or	L5981	L5982	L5984	L5986
	adjustments of	L5987	L5988	L5990	L5999
	purchased orthotics are	L6000	L6020	L6050	L6055
	covered for all members	L6100	L6110	L6120	L6130
	to make the orthotic	L6200	L6205	L6250	L6300
	serviceable and/or when	L6310	L6320	L6360	L6370
	the repair cost is less	L6380	L6382	L6384	L6400
	than purchasing another	L6450	L6500	L6550	L6570
	unit	L6580	L6582	L6584	L6586
	• The component will be	L6588	L6590	L6621	L6623
	replaced if, at the time	L6624	L6646	L6648	L6686
	authorization is	L6687	L6689	L6690	L6692
	requested,	L6693	L6694	L6695	L6696
	documentation is	L6697	L6704	L6707	L6708
	provided to establish the	L6709	L6711	L6712	L6713
	component isn't	L6714	L6881	L6882	L6883
	operating effectively	L6884	L6885	L6895	L6900
		L6905	L6910	L6920	L6925
		L6935	L6940	L6945	L6950

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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-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 younger than 21: Occupational, physical and speech therapy are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity.	97012	97014	97016	97018
		97022	97026	97028	97033
		97034	97039	97110	97112
		97113	97116	97124	97140
		97530	97535	97799	G0281
	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.	G0283			
		92507	92508	92526	
	• Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits				
	• Prior authorization is required after the initial evaluation and before the initial therapy visit and is				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	required for all ongoing therapy visits. Physical therapy – outpatient Prior authorization is NOT required for outpatient physical therapy. Outpatient physical therapy services are: • 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 Physical therapy – skilled nursing or custodial facility considered as inpatient. Services are covered when medically necessary and not subjected to outpatient benefits limitations. • 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	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs Service requests <u>must</u> include J codes and National Drug Codes for the medication requested.	90378 J1299 J1429 J2840 J3399	J0224 J1303 J1786 J3060	J0717 J1427 J2326 J3385	J1290 J1428 J2357 J3398
		For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by: Phone: 800-310-6826			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	The following hemophilia factor/ biotech drugs are included on the prior authorization list: • Aldurazyme® • Ceprotin™ • Cerezyme™ • Cimzia® • Cinryze • Elaprase® • Elelyso™ • Exondys 51® • Fabrazyme® • Juxtapid™ • Kalydeco™ • Kuvan™ • Kynamro™ • Lumizyme® • Myozyme™ • Orfadin™ • Soliris® • Spinraza™ • Synagis® • VPRIV™ • Xolair® • Zolgensma®	Fax: 866-940-7328 For specialty pharmacy prior authorization, please fax 866-940-7328. Fax forms are available at UHCprovider.com/AZcommunityplan > Arizona > Pharmacy Program > Pharmacy Prior Authorization Forms> Specialty Medication Prior Authorization Cover Sheet. 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. 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.	59840 59852	59841 59855	59850 59856	59851 59857

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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.				
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.	Musculoskeletal system			
		23470	23472	23473	23474
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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
Spinal surgery	Prior authorization is required for the codes listed.	22100 22112 22210 22224 22513 22533 22556 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307	22101 22114 22212 22510 22514 22548 22558 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22102 22206 22214 22511 22515 22551 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 0098T	22110 22207 22220 22512 22532 22554 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306
Sterilization	Prior authorization is required for the codes listed.	52601 52649	52630 55250	52647 55801	52648 55821

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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		55831	58565	58600	58605
	For all members younger than age 21:	58611	58615	58670	58671
		58700			

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 > Attachment A.

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		

Transplant services	Prior authorization is required for the codes listed.	For transplant and CAR T-Cell therapy services including Abecma, Aucatzyl, Breyanzi, Casgevy, Carvykti, Kymriah, Lyfgenia, Ryoncil, Tecartus, Tecelra and Yescarta, please call the UnitedHealthcare Community and State
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.	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	J3394
		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.			
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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					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Ventricular assist devices (VAD) 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. 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
Wound vac	Prior authorization is required for the codes listed. A negative pressure wound therapy pump and supplies will be denied if one or more of the following are present: • 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	E2402			