Prior authorization requirements for Arizona Long Term Care

Effective November 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
- 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, 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 medically necessary. For members 21 and older: Allergy immunotherapy,	

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United Healthcare Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy 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
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			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required for the codes listed.	20975	20979		
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.	0569T 37258 37267 37275 37284 37292 93580	0570T 37260 37269 37277 37286 37294	37254 37263 37271 37280 37288 37296	37256 37265 37273 37282 37290 37298
		DX Not Req PA			
		E08.52 E13.52 I70.228 I70.233 I70.239 I70.244 I70.25 I70.268 I70.323 I70.333	E09.52 I70.221 I70.229 I70.234 I70.241 I70.245 I70.261 I70.269 I70.329 I70.334	E10.52 I70.222 I70.231 I70.235 I70.242 I70.248 I70.262 I70.321 I70.331 I70.335	E11.52 I70.223 I70.232 I70.238 I70.243 I70.249 I70.263 I70.322 I70.332 I70.338

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		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	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	M86.8X51
		M86.8X52	M86.8X59	M86.8X61	M86.8X62
		M86.8X69	M86.8X71	M86.8X72	M86.8X79
		M86.8X89	M86.8X9	M86.9	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	S35.511A	S35.512A	S81.801A
		S81.802A	S81.809A	S91.301A	S91.302A
		S91.309A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.818A	T82.868A	T82.898A	
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			
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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization is required for the codes listed. Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	11960 14041 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966 *Will NOT require prior auth when billed with skin cancer diagnoses	11971 14061* 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	14020* 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14021* 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
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.				

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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 must accompany and establish medical necessity for the service request. Prosthetics are not DME – see orthotics and prosthetics.	E0193 E0270 E0304 E0465 E0620 E0670 E0710 E0984 E1004 E1008 E1035 E1231 E1235 E1239 E2227 E2301 E2329 E2500 E2508 E2599 E2629 E8002 K0108 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891	E0194 E0277 E0329 E0466 E0636 E0675 E0745 E0986 E1005 E1009 E1036 E1232 E1236 E1825 E2228 E2322 E2331 E2502 E2510 E2626 E2630 K0005 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	E0265 E0300 E0445 E0483 E0656 E0693 E0766 E1002 E1006 E1010 E1161 E1233 E1237 E1902 E2230 E2325 E2351 E2504 E2511 E2627 E8000 K0008 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886	E0266 E0302 E0457 E0486 E0669 E0694 E0784 E1003 E1007 E1030 E1229 E1234 E1238 E2100 E2298 E2327 E2373 E2506 E2512 E2628 E8001 K0013 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890
Enteral services/	Prior authorization is	B4034	B4035	B4036	B4100

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
parental/ oral In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition and/or lipids and oral supplements	required for the codes listed. 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 AMPM Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10. The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2. For members 21 and older: Please review AMPM Chapter 300, Policy 310-GG at azahcccs.gov > Resources> Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300,	B4102 B4150 B4158 B9002	B4103 B4152 B4159 B9998	B4104 B4153 B4160	B4149 B4155 B4161

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

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Home health care	Prior authorization is required for the codes listed. Infusion services – prior authorization is not required.	G0299	G0300	S9123	S9124
Hospice	Prior authorization is required	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 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	For members younger than 21: Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are 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			

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Injectable medications (cont.)		Amvuttra™ J0225 Aralast® NP, Prolastin-C, Zemaira® J0256 Avlayah J1757 Avsola® Q5121 Avtozma Q5156 Benlysta™ J0490 Beqvez J1414 Berinert® J0597 Bildyos Q5162 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

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Injectable medications (cont.)		J3403 Enjaymo™ J1302 Entyvio® J3380 Evenity® J3111 Exdensur J2361 Evkeeza® J1305 Eylea™ HD J0177 Fasenra™ J0517 Fensolvi® J1951 Feraheme® Q0138 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 Lemtrada™ J0202 Leqembi J0174 Leqvio® J1306 Loargys J1818 Lutrate Depot J1954 Mepsevii® J3397 Monoferric® J1437 Nexviazyme® J0219 Nglazyme J1458

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		Nplate® J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Ocrevus® J2350 Ocrevus Zunovo J2351 Orencia® J0129 Omvoh™ J2267 Onpattro® J0222 Ospomyv Q5169 Osvyrti Q5166 Otulfi IV Q9999 Panzyga® J1576 Papzimeos J3404 Parsabiv® J0606 PiaSky J1307 Pombiliti™ J1203 Prolia® J0897 Pyzchiva IV Q9997 Qalsody™ J1304 Radicava® J1301 Reblozyl®

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		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® J2502 Simponi Aria® J1602 Skyrizi® J2327 Sodium Hyaluronate J7320 J7324 J7325 J7326 J7327 J7329 J7331 J7332 Spevigo™ J1747 Starjemza Q5164 Stelara™ J3358 Steqeyma IV Q5099

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		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 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

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		Vyvgart® Hytrulo™ J9334 Xembify™ J1558 Xenpozyme™ J0218 Yartemlea J1289 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, 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.	

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Inpatient – observation	Prior authorization is not required. Notification is required if member is admitted for an inpatient stay. 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.				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization is required for the codes listed.	27120 27134 27446 29866	27125 27137 27447 29867	27130 27138 27486 29868	27132 27412 27487
Laboratory services	Prior authorization is required CPT or HCPC codes and/or how to obtain prior authorization-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 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 physician For members 21 and older	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
		L1310	L1499	L1680	L1685
		L1720	L1730	L1755	L1820
		L1832	L1834	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	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
		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	L5724	L5726
		L5728	L5780	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5845	L5848
		L5857	L5858	L5930	L5950
		L5960	L5961	L5962	L5964
		L5966	L5968	L5976	L5979
		L5980	L5981	L5982	L5984
		L5986	L5987	L5988	L5990

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	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	L5999 L6038 L6100 L6200 L6310 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6884 L6905 L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8047 L8612	L6034 L6039 L6110 L6205 L6320 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6881 L6885 L6910 L6940 L6960 L7007 L7045 L7185 L7405 L8044 L8499 L8631	L6035 L6050 L6120 L6250 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6882 L6895 L6920 L6945 L6965 L7008 L7170 L7186 L8040 L8045 L8609 L8659	L6036 L6055 L6130 L6300 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6883 L6900 L6925 L6950 L6970 L7009 L7180 L7190 L8042 L8046 L8610
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 21 years and younger: Occupational, physical and speech therapy are covered when medically necessary. No annual benefit limit for occupational and speech therapy • Prior authorization required after the initial evaluation and before the initial therapy visit and is	97012 97022 97034 97113 97530	97014 97026 97039 97116 97535	97016 97028 97110 97124 97799	97018 97033 97112 97140 G0283

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
	required for all ongoing therapy visits 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. • Prior authorization is required after the initial evaluation and before the initial therapy visit and is 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	92507	92508	92526

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	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 must include J codes and National Drug Codes for the medication requested. 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™	90378 J0224 J0717 J1290 J1303 J1427 J1428 J1429 J1786 J2326 J2357 J2840 J3060 J3385 J3398 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 > 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.

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	• Xolair® • Zolgensma®				
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 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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Prostate procedures	Prior authorization required	37243	52441	52442	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 29806 29822 29826	 23472 29807 29823 29827	 23473 29819 29824 29828	 23474 29820 29825
Sinuplasty	Prior authorization is required for the codes listed.	31295	31296	31297	31298
Skilled nursing facility services	Notification is required at time of admission Separate prior authorization is required for outpatient services.	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	
Spinal surgery	Prior authorization is required for the codes listed.	22206 22214 22511 22515 22551 22590 22612	22207 22220 22512 22532 22554 22595 22630	22210 22224 22513 22533 22556 22600 22633	22212 22510 22514 22548 22558 22610 22800

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United Healthcare Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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 for the codes listed. For all members younger than age 21: 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	52601	52630	52648	52649
		55250	55801	55821	55831
		58565	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
	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 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, Casgevy, Carvykti, Kymriah, 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 0537T 0538T 0539T 0540T J3392 J9999 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		*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 nonemergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Management at 888-700-6822.
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization is required for the codes listed.	36473 36475 36478 37700 37718 37722 37765 37766 37780
Ventricular assist devices (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. 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	E2402

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	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	

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