

# Prior authorization requirements for Arizona Complete Health Medicaid effective February 1, 2026

## General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Complete Care (ACC) Medicaid program providing inpatient and outpatient services.

To request prior authorization, please submit your request using 1 of the following:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To access the portal, go to [UHCprovider.com](http://UHCprovider.com) and click Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **Phone: 800-445-1638**

## Please note

- To be eligible for prior authorization, services must be covered benefits as outlined and defined by the Arizona Health Care Cost Containment System (AHCCCS)
- Services provided by non-network and out-of-state health care professionals require prior authorization and documentation supporting the out-of-network request
- Experimental and investigational services are not covered benefits
- All rendering health care professionals, facilities and vendors must be actively registered with AHCCCS
- Services delivered inside the multi-specialty interdisciplinary clinics (MSIC) to children's rehabilitative services (CRS)-designated/CRS formerly designated members do not require prior authorization
- Only 1 health care professional may request services on a prior authorization request form
- Only medically necessary, cost-effective, federally- 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:	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Allergy immunotherapy (cont.)</b>	<p>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is not a covered benefit.</p>					
	<p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p>					
	<p>Sustained an anaphylactic reaction to an unknown allergen</p> <p>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.</p> <p>Prior authorization is required for allergy testing when it meets the criteria above.</p>					
<b>Augmentative and alternative communication</b>	Prior authorization is required for the codes listed.	92607	92608	92609	A9901	
		E2500	E2502	E2504	E2506	
		E2508	E2510	E2511	E2512	
		E2599	V5336			
<b>Bariatric surgery</b>	Prior authorization is required for the codes listed.	43644	43645	43659	43770	
		43775	43842	43845	43846	
		43847	43848	43860		
<b>Behavioral health</b>	For members with serious mental illness (SMI):	For a full list of behavioral health prior authorization requirements, please visit <a href="http://providerexpress.com">providerexpress.com</a> Behavioral Health Prior Authorization Code List by State (providerexpress.com)				
	Behavioral health services are available through the					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	Regional Behavioral Health Authority (RBHA) program. For assistance call 800-348-4058.					
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization is required for the codes listed.	20975	20979	E0760		
<b>Breast cancer (BRCA) genetic testing</b>	Prior authorization is required for the codes listed.	81162	81163	81164	81165	
		81166	81212	81215	81216	
		81217	81432			
	Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.	11971	19316	19318	19325	
		19328	19330	19340	19342	
		19350	19357	19361	19364	
		19367	19368	19369	19370	
		19371	19380	19396	L8600	
<b>Cancer supportive services</b>	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis.	J0897	J1442	J1447	J1448	
		J2506	J2820	Q5101	Q5108	
		Q5110	Q5111	Q5120	Q5122	
		Q5125				
		Colony Stimulating Factors				
		J1449			Q5148	
		Erythropoiesis Stimulating Agents				
		J0885				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Cardiology</b>	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance.	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal Dashboard. Or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit: <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program</p>
<b>Cardiovascular</b>	Prior authorization is required.	93590

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)</b>	<p>Prior authorization is required for inpatient services.</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center.</p>	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726	
<b>Chemotherapy</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot® (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129.</p>				
<b>Circumcision</b>	Routine circumcision is not a covered benefit.	54161	54162			
	Prior authorization required only for cases with documented medical necessity.					
<b>Cochlear and other auditory implants</b>  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	
<b>Continuous glucose monitor</b>	Prior authorization is required with type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cosmetic and reconstructive surgery</b> That changes or improves physical appearance without significantly improving or restoring physiological function	Prior authorization is required for the codes listed. Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	11960 14061* 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	14020* 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14021* 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14041 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		*Will NOT require prior auth when billed with skin cancer diagnoses.			
<b>Dental services</b>	For prior authorization requirements, please call UnitedHealthcare dental at 855-812-9208.				
<b>Diabetic supplies</b>	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 <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.			
<b>Durable medical equipment (DME)</b>	To request DME items, please call Preferred Homecare at 800-636-2123.  Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500  These DME items are not	For services not covered by Preferred Homecare, please review UnitedHealthcare Community Plan's Provider Manual for a list of contracted vendors related to DME products at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.			
		E0194	E0265	E0266	E0270
		E0300	E0445	E0457	E0465
		E0466	E0483	E0486	E0620
		E0636	E0638	E0641	E0642
		E0656	E0669	E0670	E0675

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	covered by Preferred Homecare: <ul style="list-style-type: none"> <li>• Bone stimulators</li> <li>• Diabetic supplies</li> <li>• Enclosed beds</li> <li>• Insulin pumps</li> <li>• Percussion vests</li> <li>• Specialty beds</li> <li>• Wound vacs</li> </ul> Prosthetics are not DME — see orthotics and prosthetics.	E0693 E0745 E0986 E1005 E1009 E1036 E1232 E1236 E1825 E2230 E2325 E2351 E2512 E2628 E8001 K0013 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890	E0694 E0766 E1002 E1006 E1010 E1161 E1233 E1237 E2100 E2298 E2327 E2373 E2599 E2629 E8002 K0108 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891	E0700 E0784 E1003 E1007 E1030 E1229 E1234 E1238 E2227 E2301 E2329 E2510 E2626 E2630 K0005 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	E0710 E0984 E1004 E1008 E1035 E1231 E1235 E1239 E2228 E2322 E2331 E2511 E2627 E8000 K0008 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886

<b>Enteral services/ parenteral/ oral</b>	To request services and/or supplies, please call Preferred Homecare at 800-636-2123.	Clinical documentation and oral supplement certificate of medical necessity as applicable must accompany and establish medical necessity for this service request.
In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplements	For members younger than 21: For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 at <a href="http://azahcccs.gov">azahcccs.gov</a> > 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 <a href="http://azahcccs.gov">azahcccs.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		<p>For members 21 and older:</p> <p>Please review AMPM Chapter 300, Policy 310-GG at <a href="http://azahcccs.gov">azahcccs.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; 310, Covered Services &gt; 310-GG.</p>			
		<p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <a href="http://azahcccs.gov">azahcccs.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; Chapter 300 - Overview &gt; Attachment C.</p>			
<b>Experimental and investigational services (and/or linked services)</b>	<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 <a href="http://azahcccs.gov">azahcccs.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; 320, Services With Special Circumstances &gt; 320-B.</p>	33477 A4638 G0293 S9991	36514 A9274 G2000 S9992	64722 E1831 S9988 S9994	66180 G0276 S9990 S9996
<b>Eye care/optometry</b>	<p>Benefits provided for members younger than 21:</p> <ul style="list-style-type: none"> <li>1 routine eye exam every 12 months</li> <li>Regular single vision bifocal or trifocal polycarbonate lenses</li> <li>Frame for up to \$79.99 retail price</li> <li>1 replacement pair of glasses if lost, stolen or damaged</li> <li>Members may pay the difference for a more expensive pair of glasses, but must sign a</li> </ul>	<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			
	waiver provided by Nationwide Vision				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		58280	58285	58290	58291
		58292	58294	58541	58542
		58543	58544	58548	58550
		58552	58553	58554	58570
		58571	58572	58573	58951
		58953	58954	58956	59525
<b>Incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request incontinence supplies, please call Preferred Homecare at 800-636-2123.			
<b>Infusion in-home services</b>	Prior authorization is required for all services not covered by Optum Infusion.	To request services and/or supplies, please call Optum Infusion at 888-705-4470.			
<b>Injectable medications for in-home usage</b>	Prior authorization is required for all medications not covered by Optum Infusion.	To request medications, please call Optum Infusion 888-705-4470.			
<b>Injectable medications</b>	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 J0490 Beqvez™ J1414 Berinert® J0597 Bkemv Q5152 Botulinum toxins J0585      J0586      J0587      J0588			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		Brineura® J0567 Briumvi™ J2329 Cimerli™ Q5128 Cinqair® J2786 Conexxence Q5158 Cosentyx® IV J3247 Crysvita® J0584 Cutaquig® J1551 Daxxify® J0589 Elfabrio® J2508 Encelto J3403 Entyvio® J3380 Enjaymo™ J1302 Epysqli Q5151 Esperoct® J7204 Evenity® J3111 Evkeeza® J1305 Eylea HD™ J0177 Fasenra™ J0517 Fensolvi® J1951 Feraheme® Q0138 Firmagon®

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		<p>J9155  Fylnetra™  Q5130  Gamifant®  J9210  Givlaari®  J0223  Glassia®  J0257  Hemlibra  J7170  Hemgenix™  J1411  Hypavzi  J7172  Ilaris®  J0638  Illumya™  J3245  Inflectra  Q5103  Imuldosa IV  Q5098  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  Lanreotide </p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J1932 Lemtrada® J0202 Leqembi™ J0174 Leqvio® J1306 Lupron Depot® J1950 Lupron Depot®, Eligard® J9217 Lutrate Depot J1954 Mepsevii® J3397 Monoferric® J1437 Nexviazyme® J0219 Naglazyme® J1458 Niktimvo J9038 Nplate® J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Qalsody™ J1304 Ocrevus® J2350 Ocrevus Zunovo J2351 Octreotide acetate J2354 Orencia® J0129 Omvoh™ J2267

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		Onpattro® J0222 Otulfi IV Q9999 Panzyga® J1576 Parsabiv® J0606 Pavblu Q5147 PiaSky J1307 Pombiliti™ J1203 Prolia® J0897 Pyzchiva IV Q9997 Radicava® J1301 Reblozyl® J0896 Releuko® Q5125 Remicade® J1745 Renflexis® Q5104 Riabni™ Q5123 Rituxan® J9312 Rituxan Hycela® J9311 Roctavian™ J1412 Ruconest® J0596 Ruxience® Q5119 Ryplazim® J2998 Rystiggo™

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J9333	Sandostatin® LAR	J2353	Saphnelo®
		J0491	Scenesse®	J7352	Selardsdi
		Q9998	Sevenfact®	J7212	Signifor LAR
		J2502	Simponi Aria®	J1602	Skyrizi®
		J2327	Sodium hyaluronate	J7320	J7322
		J7325	J7326	J7327	J7324
		J7331	Somatuline® Depot	J7332	J7329
		J1930	Spevigo™	J1747	Stelara®
		J3358	J3358	J3358	Steqeyma IV
		Q5099	Q5099	Q5099	Q5099
		Stoboclo	Stoboclo	Stoboclo	Q5157
		Q5157	Q5157	Q5157	Sublocade®
		Sublocade®	Sublocade®	Sublocade®	Q9991
		Q9991	Q9992	Q9992	Q9992
		Supprelin® LA	Supprelin® LA	Supprelin® LA	Supprelin® LA
		J9226	J9226	J9226	Supprelin® LA
		J2781	Syfovre™	J2781	Syfovre™
		J2781	Synagis®	J2781	Synagis®
		90378	90378	90378	90378
		Tepezza®	Tepezza®	Tepezza®	Tepezza®
		J3241	J3241	J3241	J3241
		Tezspire	Tezspire	Tezspire	Tezspire
		J2356	J2356	J2356	J2356

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Therapeutic radiopharmaceuticals*	A9513	A9590	A9606
			A9615	A9699	A9607
		Tofidense™			
		Q5133			
		Tremfya IV			
		J1628			
		Trelstar®			
		J3315			
		Triptodur®			
		J3316			
		Tyenne™			
		Q5135			
		Tzielid™			
		J9381			
		Unclassified codes**			
		C9094	C9149	C9157	C9166
		C9399	J3490	J3590	
		Uplizna®			
		J1823			
		Intravitreal vascular endothelial growth factor (VEGF)			
		J0178	J0179	J2777	J2778
		J2779	Q5124	Q5128	
		Veopoz™			
		J9376			
		Vimizim®			
		J1322			
		Vyepti®			
		J3032			
		Vygart®			
		J9332			
		Vygart® Hytrulo™			
		J9334			
		Wezlana IV			
		Q5138			
		Xembify®			
		J1558			
		Xenpozyme®			
		J0218			
		Yesintek IV			
		Q5100			
		Zoladex®			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		<p>J9202</p> <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="http://UHCprovider.com/policies">UHCprovider.com/policies</a> &gt; For Community Plans &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p>			
		<p>*For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. To access the portal, go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129.</p> <p>**For unclassified and temporary codes C9094, C9149, C9157, C9166, C9399, J3490 and J3590, prior authorization is only required for Kebilidi, Revcov®, Rivfloza™, Starjemza, Vabysmo®</p>			
<b>Inpatient admissions and post-acute services</b>	Notification is required for admissions.	<p>Inpatient admissions-post acute services: Prior authorization and notification of admission date required for these facilities:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>			
<b>Joint replacement</b> Joint, total hip and knee replacement	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
<b>Laboratory services</b>	Prior authorization is required.	Please call Labcorp at 800-788-9743.			
<b>Non-emergent air ambulance transport</b>	Prior authorization is required for the codes listed.	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> Treatment of	Prior authorization is required for the codes listed.	21121 21141 21146	21123 21142 21147	21125 21143 21150	21127 21145 21151

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
maxillofacial/jaw functional impairment		21154 21188 21196 21208 21240 21246 21255	21155 21193 21198 21209 21242 21247 21296	21159 21194 21199 21210 21244 21248 21299	21160 21195 21206 21215 21245 21249
<b>Orthotics and prosthetics</b>	Prior authorization is required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	L0112 L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 • 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 that the component is not operating effectively	L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1730 L1831 L1840 L1847 L1950 L2010 L2036 L2106 L2350 L2628 L3671 L3740 L3901 L3971 L3999 L4350 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600	L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1755 L1832 L1844 L1850 L1970 L2020 L2037 L2108 L2510 L3230 L3674 L3763 L3904 L3975 L4000 L4392 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610	L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1830 L1836 L1846 L1945 L2005 L2034 L2060 L2136 L2627 L3649 L3730 L3900 L3961 L3977 L4020 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5614
	For members younger than 21 with orthotic limitation: For members 21 and older: • AHCCCS orthotics coverage applies if: The use of the orthotic is medically necessary as the preferred	L1300 L1685 L1730 L1831 L1840 L1847 L1950 L2010 L2036 L2106 L2350 L2628 L3671 L3740 L3901 L3971 L3999 L4350 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600	L1310 L1700 L1820 L1832 L1844 L1850 L1970 L2020 L2038 L2126 L2526 L3265 L3674 L3764 L3905 L3976 L4010 L4394 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5613	L1499 L1710 L1834 L1860 L2000 L2030 L2038 L2126 L2526 L3265 L3720 L3764 L3905 L3976 L4010 L4394 L5050 L5150 L5220 L5301 L5341 L5500 L5530 L5570 L5595 L5613	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	treatment option consistent with Medicare guidelines	L5616	L5639	L5640	L5642
	• The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition	L5643	L5644	L5646	L5647
	• The orthotic is ordered by a physician or primary care physician	L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6915
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7405	L8040	L8042	L8043
		L8044	L8045	L8046	L8047
		L8499	L8609	L8610	L8612
		L8631	L8659		
<b>Out-of-network services</b>	Prior authorization is required for all out-of-network services.				
<b>Out-of-state</b>	Benefit only approved				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>services</b>	when service is emergent or unavailable in the state of Arizona.				
<b>Outpatient therapy — occupational and physical therapy</b>	<p>For members 21 and older:</p> <p>Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity.</p> <ul style="list-style-type: none"> <li>Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul> <p>For QMB members:</p> <p>Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity.</p> <ul style="list-style-type: none"> <li>Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul> <p>For members 21 and older:</p> <p>Prior authorization is not required for occupational and physical therapy.</p>	97012    97014    97016    97018 97022    97026    97028    97033 97034    97039    97110    97112 97113    97116    97124    97140 97530    97535    97799    G0281 G0283			
<b>Outpatient therapy — speech therapy</b>	For members older than 21: Speech therapy services are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity.	92507    92508    92526			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<ul style="list-style-type: none"> <li>Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul> <p>For QMB members: Speech therapy services are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity.</p>				
		<ul style="list-style-type: none"> <li>Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul>			
<b>Pain injections and management</b>	Prior authorization is required.	64490	64493		
<b>Pharmacy drugs</b>	<p>A list of medications requiring prior authorization is available at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Pharmacy Resources and Physician Administered Drugs.</p> <p>Service requests must include "J" Codes and NDC 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"> <li>Aldurazyme®</li> <li>Ceprotin®</li> <li>Cerezyme®</li> </ul>	90378 J1299 J1429 J2840 J3399	J0224 J1303 J1786 J3060	J0717 J1427 J2326 J3385	J1290 J1428 J2357 J3398
		<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by 1 of the following:</p> <p>Phone: 800-310-6826 Fax: 866-940-7328</p> <p>For specialty pharmacy prior authorization, please fax 866-940-7328.</p> <p>Fax forms are available at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Pharmacy Resources and Physician Administered Drugs &gt; Pharmacy Prior Authorization &gt; Pharmacy Prior Authorization Forms For specific medications listed in this section, click</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	<ul style="list-style-type: none"> <li>• Cimzia®</li> <li>• Cinryze®</li> <li>• Elaprase®</li> <li>• Elelyso®</li> <li>• Fabrazyme®</li> <li>• Juxtapid®</li> <li>• Kalydeco®</li> <li>• Kuvan®</li> <li>• Kynamro</li> <li>• Lumizyme®</li> <li>• Myozyme®</li> <li>• Orfadin®</li> <li>• VPRIV®</li> <li>• Zolgensma®</li> </ul>	on the medication and use the attached service request form specific to that drug.				
<b>Potentially unproven services</b>	Prior authorization is required.	33289	C2624			
<b>Pregnancy termination</b>	<p>Prior authorization is required for the codes listed.</p> <p>Prior authorization includes mifepristone, Mifeprex® or RU-486.</p>	59840	59841	59850	59851	
	<p>Clinical documentation and the certificate of medical necessity for pregnancy termination must accompany the prior authorization request form.</p>	59852	59855	59856	59857	
	<p>For more information, please review AMPM Chapter 400, Section 410 Section E Pregnancy Termination at azahcccs.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 410, Maternity Care Services &gt; Section E Pregnancy Termination.</p>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	<p>The Certificate of Medical Necessity For Pregnancy Termination can be found at <a href="http://azahcccs.gov">azahcccs.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; Attachment C.</p>					
<b>Private-duty nursing</b>	Prior authorization is required for the codes listed.	T1002	T1003			
<b>Prostate procedures</b>	Prior authorization is required.	37243	52441	52442	53850	
<b>Proton beam therapy</b>	Prior authorization is required for the codes listed.	77520	77522	77523	77525	
<b>Focused radiation therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge						
<b>Radiology</b>	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054.	For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program		
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional	Prior authorization is required for the codes listed.	30400	30410	30420	30430	
		30435	30450	30460	30462	
		30465				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
impairment and septal deviation					
Shoulder surgery	Prior authorization is required.	Musculoskeletal system			
		23470*	23472*	23473*	23474*
		29805*	29806*	29807*	29819*
		29820*	29822*	29823*	29824*
		29825*	29826*	29827*	29828*
		*SOS also applies.			
Sinuplasty		31295	31296	31297	31298
Site of service (SOS) — outpatient hospital	Prior authorization is required when requesting service in an outpatient hospital setting.	Auditory system			
	Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).	69205			
		Cardiovascular system	36590	36832	
		Carpal tunnel surgery	64721		
		Cataract surgery	66821	66982	66984
		Colonoscopy	45378	45380	45384
		Cosmetic and reconstructive	45385		
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive system			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Eye and ocular adnexa			
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Site of service (SOS) — outpatient hospital (cont.)</b>		67105	67108	67113	67840
		68110	68115	68320	68720
		68815			
		Female genital system			
		57240	57250	57461	57520
		58561	58562		
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hemic and lymphatic systems			
		38500	38510	38525	
		Hernia repair			
		49505	49650	49651	
		Integumentary system			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver biopsy			
		47000			
		Male genital system			
		54840			
		Miscellaneous			
		20680			
		Musculoskeletal system			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22902	22903	23071
		23075	24071	27327	27337
		27632	28035	28039	28041
		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29835
		29840	29845	29846	29848
		29861	29875	29876	29877
		29879	29880	29881	29882
		29888	29893	G0260	
		Nervous system			
		64561	64640		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Site of service (SOS) — outpatient hospital (cont.)</b>		Ophthalmologic 65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312			
		Respiratory system 30802 30930 31525 31535 31536 31541 31624			
		Tonsillectomy and adenoidectomy 42820 42821 42825 42826 42830			
		Upper gastrointestinal endoscopy 43235 43239 43249			
		Urinary system 52276 52287 52320 52344			
		Urologic procedures 50590 52000 52005 52204 52224 52234 52235 52260 52281 52310 52332 52351 52352 52353 52356 55040 57288			
<b>Skilled nursing facility services</b>	Prior authorization is required.				
<b>Sleep apnea procedures and surgeries</b>	Prior authorization is required for the codes listed.	21685 41599 42145			
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
<b>Specialty/enclosed beds</b>	Prior authorization is required for the codes listed.	E0250 E0251 E0255 E0256 E0260 E0261 E0280 E0290 E0291 E0292 E0293 E0294 E0295 E0301 E0303 E0315 E0316 E0462			
<b>Spinal surgery</b>	Prior authorization is required for the codes listed.	22100 22101 22102 22110 22112 22114 22206 22207 22210 22212 22214 22220 22224 22510 22511 22512 22513 22515 22532 22533			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	22514*	0098T	

\*SOS also applies.

<b>Sterilization</b>	<p>Prior authorization is required for the codes listed.</p> <p>For all members younger than 21:</p> <p>Prior authorization required</p>	52601	52630	52648	52649
		55250	55801	55821	55831
		58600	58605	58611	58615
		58670	58671	58700	
	<p>Any member requesting sterilization must sign an appropriate Consent for Sterilization form.</p> <p>For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at azahcccs.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health</p>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<p>&gt; 420, Family Planning &gt; Section E Sterilization.</p> <p>The Consent to Sterilization form can be found at <a href="http://azahcccs.gov">azahcccs.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 420, Family Planning &gt; Attachment A.</p>				
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization is required.	Bone growth stimulator E0747                    E0748                    E0749 Neurostimulator 43648                    43882                    61863                    61864 61867                    61868                    61885                    61886 63650                    63655                    63685                    64553 64555                    64568                    64570                    64590 L8680                    L8682                    L8685                    L8686 L8687                    L8688			
<b>Transplant services</b>	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, Aucatzy, Breyanzi, Carvykti, Kymriah, Lenmelyd, Lyfgenia, Ryoncil, Skysona, Tecartu, Tecelra, 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*                    J3387                    J3389			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J3391	J3392	J3394	J3402
		CAR T-cell therapy:	J9999	Q2041	Q2042
		Q2054	Q2055	Q2056	Q2053
		Q2058			Q2057
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		Temporary and unclassified**:	C9399	J3490	J3590
		**Amtagvi, Lantidra			
<b>Transportation</b>	Transportation Prior authorization is required for non-emergent taxi and stretcher van.	To schedule transportation, please call Medical Transportation Management (MTM) at 888-700-6822.			
<b>Vein procedures</b> 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			
<b>Ventricular assist devices (VAD)</b> 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
<b>Wound vac</b>	Prior authorization is required for the code listed.	E2402			