

# Prior authorization requirements for Arizona Developmental Disabilities

Effective February 1, 2026

## General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Developmental Disabilities, providing inpatient and outpatient services.

Additional state variations and regulations may apply. To request prior authorization, please submit your request using one of the following:

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

## Please note

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Allergy immunotherapy	For members younger than 21: Allergy immunotherapy and allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.  For members 21 and older: Allergy immunotherapy, including desensitization	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Allergy immunotherapy (cont.)</b>	<p>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> <ul style="list-style-type: none"> <li>• Sustained an anaphylactic reaction to an unknown allergen</li> <li>• 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.</li> </ul> <p>Prior authorization is required for allergy testing when it meets the criteria above.</p>	
<b>Augmentative and alternative communication</b>	<p>Prior authorization is required for the codes listed.</p>	92607 E2500 E2508 E2599
<b>Bariatric surgery</b>	<p>Prior authorization is required for the codes listed.</p>	92608 E2502 E2510 V5336
<b>Behavioral health</b>	<p>Prior authorization is required for inpatient</p>	92609 E2504 E2511 A9901 E2506 E2512

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<p>admissions.</p> <p>Prior authorization is required for outpatient services listed. Second-level review required by the division for out-of-state service requests.</p>	Health Prior Authorization Code List by State (providerexpress.com)			
<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 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.				
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except for after mastectomy	Prior authorization is required for the codes listed.	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
<b>Cancer supportive care</b>	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	Injectable colony-stimulating factor drugs that require prior authorization:			
		J0897	J1442	J1447	J1448
		J2506	J2820	Q5101	Q5108
		Q5110	Q5111	Q5120	Q5122
		Q5125			
	Colony Stimulating Factors J1449	Q5148			
	Erythropoiesis Stimulating Agents J0885				
	For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		call 888-397-8129.			
<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	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.			
		Prior authorization is required.	93580		
<b>Cerebral seizure monitoring -</b> Inpatient video electroencephalogram	Prior authorization is required for inpatient services.	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>			
		Routine circumcision is not a covered benefit. Prior authorization is required only for cases with documented medical	54150	54160	54161

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
necessity.						
<b>Cochlear and other auditory implants</b>	Prior authorization is required for the codes listed.	69710 L8619	69714 L8690	69930 L8691	L8614 L8692	
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech						
<b>Continuous glucose monitor</b>	Prior authorization is required with type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102	
<b>Cosmetic and reconstructive</b> 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 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	
*Will NOT require prior auth when billed with skin cancer diagnoses						

## Dental

For prior authorization

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																																												
services	<p>requirements, please call UnitedHealthcare Dental at 855-812-9208.</p> <p>For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D1 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-D1.</p>																																																													
Diabetic supplies	<p>Diabetic supplies are provided by the local pharmacy.</p> <p>Prior authorization for talking glucometers is available through the medical prior authorization process.</p>	<p>To locate contracted health care professionals or vendors, please visit <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental &amp; Vision Plans Information.</p>																																																												
Durable medical equipment (DME)  *Requires prior authorization regardless of dollar amount	<p>Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.</p> <p>To request DME items, please call Preferred Homecare at 800-636-2123.</p> <p>These DME items are not covered by Preferred Homecare:</p> <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>	<p>For services not covered by Preferred Homecare, please review the UnitedHealthcare Community Plan of Arizona Provider Manual for a list of contracted vendors related to DME products at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental &amp; Vision Plans Information.</p> <table border="0"> <tbody> <tr> <td data-bbox="703 1368 796 1400">E0194</td> <td data-bbox="703 1368 959 1400">E0265</td> <td data-bbox="703 1368 1204 1400">E0266</td> <td data-bbox="703 1368 1367 1400">E0270</td> </tr> <tr> <td data-bbox="703 1400 796 1431">E0300</td> <td data-bbox="703 1400 959 1431">E0445</td> <td data-bbox="703 1400 1204 1431">E0457</td> <td data-bbox="703 1400 1367 1431">E0465</td> </tr> <tr> <td data-bbox="703 1431 796 1463">E0466</td> <td data-bbox="703 1431 959 1463">E0483</td> <td data-bbox="703 1431 1204 1463">E0486</td> <td data-bbox="703 1431 1367 1463">E0620</td> </tr> <tr> <td data-bbox="703 1463 796 1495">E0636</td> <td data-bbox="703 1463 959 1495">E0638</td> <td data-bbox="703 1463 1204 1495">E0641</td> <td data-bbox="703 1463 1367 1495">E0642</td> </tr> <tr> <td data-bbox="703 1495 796 1526">E0656</td> <td data-bbox="703 1495 959 1526">E0669</td> <td data-bbox="703 1495 1204 1526">E0670</td> <td data-bbox="703 1495 1367 1526">E0675</td> </tr> <tr> <td data-bbox="703 1526 796 1558">E0693</td> <td data-bbox="703 1526 959 1558">E0694</td> <td data-bbox="703 1526 1204 1558">E0700</td> <td data-bbox="703 1526 1367 1558">E0710</td> </tr> <tr> <td data-bbox="703 1558 796 1590">E0745</td> <td data-bbox="703 1558 959 1590">E0766</td> <td data-bbox="703 1558 1204 1590">E0784</td> <td data-bbox="703 1558 1367 1590">E0984</td> </tr> <tr> <td data-bbox="703 1590 796 1622">E0986</td> <td data-bbox="703 1590 959 1622">E1002</td> <td data-bbox="703 1590 1204 1622">E1003</td> <td data-bbox="703 1590 1367 1622">E1004</td> </tr> <tr> <td data-bbox="703 1622 796 1653">E1005</td> <td data-bbox="703 1622 959 1653">E1006</td> <td data-bbox="703 1622 1204 1653">E1007</td> <td data-bbox="703 1622 1367 1653">E1008</td> </tr> <tr> <td data-bbox="703 1653 796 1685">E1009</td> <td data-bbox="703 1653 959 1685">E1010</td> <td data-bbox="703 1653 1204 1685">E1030</td> <td data-bbox="703 1653 1367 1685">E1035</td> </tr> <tr> <td data-bbox="703 1685 796 1717">E1036</td> <td data-bbox="703 1685 959 1717">E1161</td> <td data-bbox="703 1685 1204 1717">E1229</td> <td data-bbox="703 1685 1367 1717">E1231</td> </tr> <tr> <td data-bbox="703 1717 796 1748">E1232</td> <td data-bbox="703 1717 959 1748">E1233</td> <td data-bbox="703 1717 1204 1748">E1234</td> <td data-bbox="703 1717 1367 1748">E1235</td> </tr> <tr> <td data-bbox="703 1748 796 1780">E1236</td> <td data-bbox="703 1748 959 1780">E1237</td> <td data-bbox="703 1748 1204 1780">E1238</td> <td data-bbox="703 1748 1367 1780">E1239</td> </tr> <tr> <td data-bbox="703 1780 796 1812">E1825</td> <td data-bbox="703 1780 959 1812">E2100</td> <td data-bbox="703 1780 1204 1812">E2227</td> <td data-bbox="703 1780 1367 1812">E2228</td> </tr> <tr> <td data-bbox="703 1812 796 1843">E2230</td> <td data-bbox="703 1812 959 1843">E2298</td> <td data-bbox="703 1812 1204 1843">E2301</td> <td data-bbox="703 1812 1367 1843">E2322</td> </tr> </tbody> </table>	E0194	E0265	E0266	E0270	E0300	E0445	E0457	E0465	E0466	E0483	E0486	E0620	E0636	E0638	E0641	E0642	E0656	E0669	E0670	E0675	E0693	E0694	E0700	E0710	E0745	E0766	E0784	E0984	E0986	E1002	E1003	E1004	E1005	E1006	E1007	E1008	E1009	E1010	E1030	E1035	E1036	E1161	E1229	E1231	E1232	E1233	E1234	E1235	E1236	E1237	E1238	E1239	E1825	E2100	E2227	E2228	E2230	E2298	E2301	E2322
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>DME (cont.)</b>	Prosthetics are not DME – see orthotics and prosthetics	E2325	E2327	E2329	E2331
		E2351	E2373	E2510	E2511
		E2512	E2599	E2626	E2627
		E2628	E2629	E2630	E8000
		E8001	E8002	K0005	K0008
		K0013	K0108	K0800	K0801
		K0802	K0806	K0807	K0808
		K0812	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0836	K0837	K0838	K0839
		K0840	K0841	K0842	K0843
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	S1040	

**Enteral services/ parenteral/oral In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplements** To request services and/or supplies, please call Preferred Homecare at 800-636-2123.

Clinical documentation and oral supplement certificate of medical necessity, as applicable, must accompany and establish medical necessity for this service request.

For members younger than 21:

For more information, please review AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 at [azahcccs.gov](http://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](http://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](http://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](http://azahcccs.gov) >

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
		Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.				
Experimental or investigational (and/or linked services)	Prior authorization is required for all services considered experimental and/or investigational. For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at <a href="http://azahcccs.gov">azahcccs.gov</a> > 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: <ul style="list-style-type: none"> <li>One 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>One 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 waiver provided by Nationwide Vision</li> </ul> For members 21 and older: Prior authorization is required when medically necessary to diagnose or treat diseases and conditions of the eye.	For member eye care services, please call Nationwide Vision at 480-961-1702.				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization is required for the codes listed.	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization is required for the codes listed.	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Genetic testing</b>	Prior authorization is required for all services not covered by LabCorp.  To determine prior authorization requirements, please call LabCorp at 800-788-9743.	81265 81325 81405 81415 86353 88261 88267 88273 88283 88299	81302 81401 81406 81416 88245 88262 88269 88274 88285	81321 81403 81407 81460 88248 88263 88271 88275 88289	81323 81404 81408 81479 88249 88264 88272 88280 88291
		Biomarker Codes			
		81313	81327	81435	81490
<b>Hearing aids and services</b>  Hearing evaluations and hearing aids	For members younger than 21:  Prior authorization is not required.  For members 21 and older:  Prior authorization is required.	V5014 V5248 V5267 V5245 V5261 V5100 V5254 V5050 V5251	V5060 V5252 V5030 V5249 V5298 V5242 V5258 V5120 V5255	V5190 V5256 V5095 V5253 V5010 V5246 V5262 V5243 V5259	V5244 V5260 V5230 V5257 V5040 V5250 V5011 V5247 V5263
<b>Home health care</b>	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
<b>Hospice</b>	Prior authorization is required for the codes listed.				
<b>Hysterectomy</b>	Prior authorization is required for the codes listed.	58150 58210 58263 58280 58292 58542	58152 58240 58267 58285 58293 58543	58180 58260 58270 58290 58294 58544	58200 58262 58275 58291 58541 58548

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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 800-985-3059			
<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 800-985-3059			
<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 Brineura® J0567	J0586	J0587	J0588

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		Briumvi™ J2329 Cimerli™ Q5128 Cinqair® J2786 Conexxence Q5158 Cosentyx IV J3247 Crysvita® J0584 Cutaquig® J1551 Daxxify® J0589 Elfabrio® J2508 Encelto J3403 Enjaymo™ J1302 Entyvio® J3380 Epysqli Q5151 Esperoct® J7204 Evenity® J3111 Evkeeza® J1305 Eylea™ HD J0177 Fasenra™ J0517 Fensolvi® J1951 Feraheme® Q0138 Firmagon® J9155 Fylnetra™

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Q5130 Gamifant® J9210 Givlaari® J0223 Glassia® J0257 Hemlibra J7170 Hemgenix™ J1411 Hympavzi J7172 Ilaris® J0638 Illumya™ J3245 Imuldosa IV Q5098 Inflectra™ Q5103 Injectafer® J1439 IVIG J1459    J1552    J1554    J1555 J1556    J1557    J1559    J1561 J1566    J1568    J1569    J1572 J1575    J1599 Izervay™ J2782 Jubbonti Q5136 Kisunla J0175 Korsuva™ J0879 Krystexxa® J2507 Lamzede® J0217 Lanreotide J1932 Lemtrada™ J0202

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		Leqembi™ J0174 Leqvio® J1306 Lupron Depot® J1950 Lupron Depot®, Eligard J9217 Lutrate Depot J1954 Mepsevii® J3397 Monoferric® J1437 Nexviazyme® J0219 Niktimvo J9038 Nglazyme J1458 Nplate® J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Ocrevus® J2350 Ocrevus Zunovo J2351 Octreotide Acetate J2354 Omvoh™ J2267 Onpattro® J0222 Orencia® J0129 Otulfi IV Q9999 Panzyga®

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J1576 Parsabiv® J0606 Pavblu Q5147 PiaSky J1307 Pombiliti J1203 Prolia® J0897 Pyzchiva IV Q9997 Qalsody J1304 Radicava® J1301 Reblozyl® J0896 Releuko® Q5125 Remicade® J1745 Renflexis® Q5104 Riabni™ Q5123 Rituxan® J9312 Rituxan Hycela® J9311 Roctavian™ J1412 Ruconest® J0596 Ruxience® Q5119 Ryplazim® J2998 Rystiggo™ J9333 Sandostatin LAR J2353

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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			
	Somatuline® Depot				
	J1930				
	Spevigo™				
	J1747				
	Stelara™				
	J3358				
	Steqeyma IV				
	Q5099				
	Stoboclo				
	Q5157				
	Sublocade™				
	Q9991	Q9992			
	Supprelin® LA				
	J9226				
	Syfovre™				
	J2781				
	Synagis®				
	90378				
	Tepezza®				
	J3241				
	Tezspire™				
	J2356				
	Therapeutic Radiopharmaceuticals*				
	A9513	A9590	A9606	A9607	
	A9615	A9699			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization								
		<p>Tofidense™  Q5133  Trelstar®  J3315  Tremfya IV  J1628  Triptodur®  J3316  Tyenne™  Q5135  Tzielid™  J9381  Unclassified codes**</p> <table> <tr> <td>C9094</td> <td>C9149</td> <td>C9157</td> <td>C9166</td> </tr> <tr> <td>C9399</td> <td>J3490</td> <td>J3590</td> <td></td> </tr> </table>	C9094	C9149	C9157	C9166	C9399	J3490	J3590	
C9094	C9149	C9157	C9166							
C9399	J3490	J3590								
		<p>Uplizna®  J1823  Intravitreal Vascular Endothelial Growth Factor (VEGF)  J0178            J0179            J2777            J2778  J2779            Q5124            Q5128  Veopoz™  J9376  Vimizim®  J1322  Vyepti®  J3032  Vyvgart®  J9332  Vyvgart® Hytrulo™  J9334  Wezlana IV  Q5138  Xembify™  J1558  Xenpozyme  J0218  Yesintek IV  Q5100  Zoladex®  J9202</p> <p>Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on</p>								

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		<p>drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List. Predetermination is highly recommended for the drugs on the list. The Review at Launch for New to Market 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 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> <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 admission 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 procedures	Prior authorization is required for the codes listed.	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487	24362 27120 27134 27446 29866	24363 27125 27137 27447 29867
<b>Laboratory services</b>	Prior authorization is required.	To determine prior authorization requirements, please call LabCorp at 800-788-9743.			
<b>Nonemergent air ambulance transport</b>	Prior authorization is required for the codes listed.	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b>	Prior authorization is required for the codes listed.	21121 21141 21146	21123 21142 21147	21125 21143 21150	21127 21145 21151
<b>Treatment of maxillofacial/jaw functional</b>		21154 21188	21155 21193	21159 21194	21160 21195

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
impairment	21196	21198	21199	21206	
	21208	21209	21210	21215	
	21240	21242	21244	21245	
	21246	21247	21248	21249	
	21255	21296	21299		
<b>Orthotics and prosthetics</b>	Prior authorization is required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
	For members younger than 21 with orthotic limitation:	L0464	L0480	L0482	L0484
<ul style="list-style-type: none"> <li>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</li> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively</li> </ul>	L0486	L0624	L0629	L0631	
	For members 21 and older: AHCCCS orthotics coverage applies if:	L0632	L0634	L0636	L0637
<ul style="list-style-type: none"> <li>The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines</li> <li>The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition</li> </ul>	L0638	L0640	L0700	L0710	
	For members 21 and older: AHCCCS orthotics coverage applies if:	L0810	L0820	L0830	L0859
	For members 21 and older: AHCCCS orthotics coverage applies if:	L0861	L1000	L1005	L1200
	For members 21 and older: AHCCCS orthotics coverage applies if:	L1300	L1310	L1499	L1680
	For members 21 and older: AHCCCS orthotics coverage applies if:	L1685	L1700	L1710	L1720
	For members 21 and older: AHCCCS orthotics coverage applies if:	L1730	L1755	L1820	L1830
	For members 21 and older: AHCCCS orthotics coverage applies if:	L1831	L1832	L1834	L1836
	For members 21 and older: AHCCCS orthotics coverage applies if:	L1840	L1844	L1845	L1846
	For members 21 and older: AHCCCS orthotics coverage applies if:	L1847	L1850	L1860	L1945
	For members 21 and older: AHCCCS orthotics coverage applies if:	L1950	L1970	L2000	L2005
	For members 21 and older: AHCCCS orthotics coverage applies if:	L2010	L2020	L2030	L2034
	For members 21 and older: AHCCCS orthotics coverage applies if:	L2036	L2037	L2038	L2060
	For members 21 and older: AHCCCS orthotics coverage applies if:	L2106	L2108	L2126	L2136
	For members 21 and older: AHCCCS orthotics coverage applies if:	L2350	L2510	L2526	L2627
	For members 21 and older: AHCCCS orthotics coverage applies if:	L2628	L3230	L3265	L3649
	For members 21 and older: AHCCCS orthotics coverage applies if:	L3671	L3674	L3720	L3730
	For members 21 and older: AHCCCS orthotics coverage applies if:	L3740	L3763	L3764	L3900
	For members 21 and older: AHCCCS orthotics coverage applies if:	L3901	L3904	L3905	L3961
	For members 21 and older: AHCCCS orthotics coverage applies if:	L3971	L3975	L3976	L3977
	For members 21 and older: AHCCCS orthotics coverage applies if:	L3999	L4000	L4010	L4020
	For members 21 and older: AHCCCS orthotics coverage applies if:	L4350	L4392	L4394	L4631
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5010	L5020	L5050	L5060
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5100	L5105	L5150	L5160
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5200	L5210	L5220	L5230
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5250	L5270	L5280	L5301
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5312	L5321	L5331	L5341
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5400	L5420	L5460	L5500
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5505	L5510	L5520	L5530
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5535	L5540	L5560	L5570
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5580	L5585	L5590	L5595
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5600	L5610	L5613	L5614
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5616	L5639	L5640	L5642
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5643	L5644	L5646	L5647
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5648	L5649	L5651	L5653
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5661	L5673	L5682	L5683

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>	<ul style="list-style-type: none"> <li>The orthotic is ordered by a physician or primary care provider</li> </ul> <p>For members 21 and older with orthotic limitation:</p> <ul style="list-style-type: none"> <li>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</li> </ul> <p>The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.</p>	L5700 L5706 L5724 L5790 L5814 L5824 L5845 L5930 L5962 L5976 L5982 L5988 L6010 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8044 L8499 L8631	L5702 L5716 L5726 L5795 L5816 L5826 L5848 L5950 L5964 L5979 L5984 L5990 L6020 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L8040 L8045 L8609 L8659	L5703 L5718 L5728 L5811 L5818 L5828 L5857 L5960 L5966 L5980 L5986 L5999 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8042 L8046 L8610 L8612	L5705 L5722 L5780 L5812 L5822 L5830 L5858 L5961 L5968 L5981 L5987 L6000 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8047 L8612
<b>Out-of-network</b>	Prior authorization is required for all out-of-network services.				
<b>Out-of-state services</b>	Benefit only approved when service is emergent or unavailable in Arizona.				
<b>Outpatient therapy</b>	Prior authorization is required	92507 92523	92508 92524	92521 92526	92522 97012

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
		97014	97016	97018	97022	
		97026	97028	97033	97034	
		97039	97110	97112	97113	
		97116	97124	97140	97161	
		97162	97163	97164	97165	
		97166	97167	97168	97799	
<b>Pain injections and management</b>	Prior authorization is required.	64490	64493			
<b>Pharmacy drugs</b>	A list of medications requiring prior authorization is available at UHCprovider.com/AZcomm unityplan > Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization	90378 J1299 J1429 J2840 J3399	J0224 J1303 J1786 J3060	J0717 J1427 J2326 J3385	J1290 J1428 J2357 J3398	
	Service requests must include J codes and NDC codes for the medication requested.	For specialty pharmacy prior authorization, please fax 866-940-7328.				
<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> <li>• Cimzia®</li> <li>• Cinryze</li> <li>• Elaprase®</li> <li>• Exondys 51®</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>• Soliris®</li> <li>• Spinraza™</li> </ul>	<p>Fax forms are available at UHCprovider.com/AZcommunityplan &gt; Pharmacy Resources and Physician Administered Drugs &gt; Pharmacy Prior Authorization &gt; Pharmacy Prior Authorization Forms. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.</p>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	<ul style="list-style-type: none"> <li>• Synagis®</li> <li>• VPRIV™</li> <li>• Xolair®</li> <li>• Zolgensma®</li> </ul>					
<b>Potentially unproven services</b>	Prior authorization is required.	33289			C2624	
<b>Pregnancy termination</b>	Prior authorization is required for the codes listed.	59840 59852	59841 59855	59850 59856	59851 59857	
	<p>Prior authorization includes Mifepristone, Mifeprex® or RU-486.</p> <p>Clinical documentation and the certificate of medical necessity for pregnancy termination must accompany the prior authorization request form.</p>					
	<p>For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at <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; 410, Maternity Care Services &gt; Section E Pregnancy Termination.</p>					
	<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>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Private duty nursing</b>	Prior authorization is required for the codes listed.	T1002	T1003			
<b>Prostate procedures</b>	Prior authorization is required.	37243 53852	52441 55873	52442 55874	53850	
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization is required for the codes listed.	77520	77522	77523	77525	
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <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 UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054.  For more details and the CPT codes that require prior authorization, please visit <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 impairment and septal deviation	Prior authorization is required for the codes listed.	30400 30435 30465	30410 30450	30420 30460	30430 30462	
<b>Shoulder surgery</b>	Prior authorization is required for the codes listed.	29805* 29820* 29825*	29806* 29822* 29826*	29807* 29823* 29827*	29819* 29824* 29828*	
<b>Sinuplasty</b>	Prior authorization is required for the codes listed.	31295	31296	31297	31298	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization is only required when requesting service in an outpatient hospital setting.	Auditory system	69205		
	Prior authorization is not required if performed at a participating ambulatory surgery center.	Cardiovascular system	36590	36832	
		Carpal tunnel surgery	64721		
		Cataract surgery	66821	66982	66984
		Colonoscopy	45378	45380	45384
		Cosmetic and reconstructive	13101	13132	14040
			14301	21552	21931
		Digestive system	42415	42440	43200
			43237	43238	43242
			43246	43247	43248
			43254	43255	43259
			44361	45171	45334
			45381	45390	45335
			46040	46050	46020
			46221	46250	46220
			46270	46275	46255
			46750	46910	46505
		ENT procedures	21320	30140	30520
			69631		69436
		Eye and ocular adnexa	65710	65820	66250
			66711	66825	66986
			66988	67010	67041
			67105	67108	67113
			68110	68115	68320
			68815		68720
		Female genital system	57240	57250	57461
			58561	58562	57520
		Gynecologic procedures	57522	58353	58558
			58565		58563
		Hemic and lymphatic systems	38500	38510	38525

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>	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	23470	23472	23473
		23474	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		
	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				

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>		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 and custodial 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		E0250	E0251	E0255	E0256
		E0260	E0261	E0280	E0290
		E0291	E0292	E0293	E0294
		E0295	E0300	E0301	E0303
		E0315	E0316	E0328	E0329
		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0098T	22514*	
	*SOS applies				
<b>Sterilization</b>	<p>Prior authorization is required.</p> <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 <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; 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>	52601 55250 58600 58670	52630 55801 58605 58671	52648 55821 58611 58700	52649 55831 58615
<b>Stimulators</b>	<p>Prior authorization is required.</p> <p>Implantation of a device that sends electrical impulses</p>	<p>Bone growth stimulator E0747</p> <p>Neurostimulator 43648 61867</p>	E0748	E0749	61863 61885
					61864 61886

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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.	For transplant and CAR T-Cell therapy services including Abecma, Aucatzy, Breyanzi, Carvykti, Kymriah, Lenmelyd, Lyfgenia, Ryoncil, Skysona, Tecartus, 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.			
	Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request.	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
		J3391	J3392	J3394	J3402
		CAR T-cell therapy:			
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	Q2057
		Q2058			
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		Temporary and Unclassified Codes**			
		C9399	J3490	J3590	
		**Amitagvi, Lantidra			
<b>Transportation</b>	Transportation prior authorization is required for nonemergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Management at 888-700-6822.			
<b>Vein procedures</b> Removal and ablation of the	Prior authorization is required for the codes listed.	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization												
main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities														
<b>Ventricular assist devices</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.												
		<table> <tbody> <tr> <td>33927</td> <td>33928</td> <td>33929</td> <td>33975</td> </tr> <tr> <td>33976</td> <td>33979</td> <td>33981</td> <td>33982</td> </tr> <tr> <td>33983</td> <td>Q0507</td> <td>Q0508</td> <td>Q0509</td> </tr> </tbody> </table>	33927	33928	33929	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509
33927	33928	33929	33975											
33976	33979	33981	33982											
33983	Q0507	Q0508	Q0509											
<b>Wound vac</b>	Prior authorization is required for the codes listed.	E2402												