

Prior authorization requirements for Arizona Developmental Disabilities

Effective April 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 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	<p>For members younger than 21: Allergy immunotherapy and allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p>For members 21 and older: Allergy immunotherapy, including desensitization</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	<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"> • 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. <p>Prior authorization is required for allergy testing when it meets the criteria above.</p>				
Augmentative and alternative communication	Prior authorization is required for the codes listed.	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
Bariatric surgery	Prior authorization is required for the codes listed.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	Prior authorization is required for inpatient	For a full list of Behavioral Health prior authorization requirements, please visit providerexpress.com Behavioral			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129.

Cardiology	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 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.</p> <p>For more details and the CPT codes that require prior authorization, please visit: UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program</p>
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Cardiovascular	Prior authorization is required.	93580
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Cerebral seizure monitoring – Inpatient video electroencephalogram	Prior authorization is required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.				

Chemotherapy	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"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code
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Circumcision	Routine circumcision is not a covered benefit. Prior authorization is required only for cases with	54150	54160	54161	54162
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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	documented medical necessity.				
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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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Continuous glucose monitor	Prior authorization is required with type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
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Cosmetic and reconstructive 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.	11960 14061*	14020* 15823	14021* 15830	14041 15847
	Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966
	*Will NOT require prior auth when billed with skin cancer diagnoses				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Dental services	<p>For prior authorization 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 azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 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 UHCprovider.com/AZcommunityplan > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.</p>			
Durable medical equipment (DME)	<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>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 UHCprovider.com/AZcommunityplan > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.</p>			
*Requires prior authorization regardless of dollar amount	<p>To request DME items, please call Preferred Homecare at 800-636-2123.</p>	E0194	E0265	E0266	E0270
		E0300	E0445	E0457	E0465
		E0466	E0483	E0486	E0620
	<p>These DME items are not covered by Preferred Homecare:</p>	E0636	E0638	E0641	E0642
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0766	E0784	E0984
	<ul style="list-style-type: none"> • Bone stimulators 	E0986	E1002	E1003	E1004
	<ul style="list-style-type: none"> • Diabetic supplies 	E1005	E1006	E1007	E1008
	<ul style="list-style-type: none"> • Enclosed beds 	E1009	E1010	E1030	E1035
	<ul style="list-style-type: none"> • Insulin pumps 	E1036	E1161	E1229	E1231
	<ul style="list-style-type: none"> • Percussion vests 	E1232	E1233	E1234	E1235
	<ul style="list-style-type: none"> • Specialty beds 	E1236	E1237	E1238	E1239
	<ul style="list-style-type: none"> • Wound vacs 	E1825	E2100	E2227	E2228

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
DME (cont.)	Prosthetics are not DME – see orthotics and prosthetics	E2230	E2298	E2301	E2322
		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 > 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, Medical Policy for Covered Services > 310, Covered Services > 310-GG.

The Certificate of Medical Necessity for Commercial Oral

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Nutritional Supplements can be found at azahcccs.gov > 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.	33477	36514	64722	66180
	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.	A4638	A9274	E1831	G0276
		G0293	G2000	S9988	S9990
		S9991	S9992	S9994	S9996

Eye care/optometry	<p>Benefits provided for members younger than 21:</p> <ul style="list-style-type: none"> • One routine eye exam every 12 months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame for up to \$79.99 retail price • One replacement pair of glasses if lost, stolen or damaged • Members may pay the difference for a more expensive pair of glasses but must sign a waiver provided by Nationwide Vision <p>For members 21 and older: Prior authorization is required when medically necessary to diagnose or treat diseases and</p>	For member eye care services, please call Nationwide Vision at 480-961-1702.
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	conditions of the eye.				
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required for the codes listed.	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization is required for the codes listed.	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic testing	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
Hearing aids and services	For members younger than 21: Prior authorization is not required.	V5014 V5248 V5267 V5245 V5261	V5060 V5252 V5030 V5249 V5298	V5190 V5256 V5095 V5253 V5010	V5244 V5260 V5230 V5257 V5040
Hearing evaluations and hearing aids	For members 21 and older: Prior authorization is required.	V5100 V5254 V5050 V5251	V5242 V5258 V5120 V5255	V5246 V5262 V5243 V5259	V5250 V5011 V5247 V5263
Home health care	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
Hospice	Prior authorization is required for the codes listed.				
Hysterectomy	Prior authorization is required for the codes listed.	58150 58210 58263 58280 58292	58152 58240 58267 58285 58293	58180 58260 58270 58290 58294	58200 58262 58275 58291 58541

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		58542 58543 58544 58548 58550 58552 58553 58554 58570 58571 58572 58573 58951 58953 58954 58956 59525
Incontinence supplies	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request incontinence supplies, please call Preferred Homecare at 800-636-2123.
Infusion in-home services	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
Injectable medications for in-home usage	Prior authorization is required for all medications not covered by Optum Infusion.	To request medications, please call Optum Infusion 800-985-3059
Injectable medications	Prior authorization is required for the codes listed.	Actemra® J3262 Adakveo® J0791 Adzynma™ J7171 Amondys® 45 J1426 Amvuttra™ J0225 Aralast® NP, Prolastin-C, Zemaira® J0256 Avsola® Q5121 Avtozma Q5156 Benlysta™ J0490 Beqvez J1414 Berinert® J0597 Bildyos Q5162 Bkemv Q5152 Bosaya

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	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				
	J3403				
	Enjaymo™				
	J1302				
	Entyvio®				
	J3380				
	Epysqli				
	Q5151				
	Esperoct®				
J7204					
Evenity®					
J3111					
Evkeeza®					
J1305					
Eylea™ HD					
J0177					
Fasenra™					
J0517					
Fensolvi®					
J1951					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Feraheme®				
	Q0138				
	Firmagon®				
	J9155				
	Fynetra™				
	Q5130				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	Hemlibra				
	J7170				
	Hemgenix™				
	J1411				
	Hypavzi				
	J7172				
	Ilaris®				
	J0638				
	Illumya™				
	J3245				
	Imaavy				
	J9256				
	Imuldosa IV				
	Q5098				
	Inflectra™				
	Q5103				
	Injectafer®				
	J1439				
IVIG					
	J1459	J1552	J1553	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Izervay™				
	J2782				
	Jubbonti				
	Q5136				
	Kisunla				
	J0175				
	Korsuva™				
	J0879				
	Krystexxa®				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J2507 Lamzedo® J0217 Lanreotide J1932 Lemtrada™ J0202 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Onpattro® J0222 Orencia® J0129 Otulfi IV Q9999 Panzyga® J1576 Papzimeos J3404 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®

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J0596			
		Ruxience®			
		Q5119			
		Ryplazim®			
		J2998			
		Rystiggo™			
		J9333			
		Sandostatin LAR			
		J2353			
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Synagis®			
		90378			
		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
		Therapeutic Radiopharmaceuticals*			
		A9513	A9590	A9606	A9607
		A9615	A9699		
		Tofidence™			
		Q5133			
		Trelstar®			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur®			
		J3316			
		Tyenne™			
		Q5135			
		Tziel™			
		J9381			
		Unclassified codes**			
		C9094	C9149	C9157	C9166
		C9399	J3490	J3590	
		Uplizna®			
		J1823			
		Intravitreal Vascular Endothelial Growth Factor (VEGF)			
		J0178	J0179	J2777	J2778
		J2779	Q5124	Q5128	
		Veopoz™			
		J9376			
		Vimizim®			
		J1322			
		Vyepti®			
		J3032			
		Vyvgart®			
		J9332			
		Vyvgart® Hytrulo™			
		J9334			
		Wezlana IV			
		Q5138			
		Xembify™			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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J1558
 Xenpozyme
 J0218
 Yesintek IV
 Q5100
 Zoladex®
 J9202

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. 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 > For Community Plans > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

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

Inpatient admission and post-acute services	Notification is required for admissions.	Inpatient admissions/post-acute services: Prior authorization and notification of admission date required for these facilities: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Long-term acute care hospitals • Skilled nursing facilities
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Joint replacement Joint, total hip and knee replacement procedures	Prior authorization is required for the codes listed.	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			

Laboratory	Prior authorization is	To determine prior authorization requirements, please call
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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services	required.	LabCorp at 800-788-9743.			
Nonemergent air ambulance transport	Prior authorization is required for the codes listed.	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization is required for the codes listed.	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	

Orthotics and prosthetics	Prior authorization is required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462	
		L0464	L0480	L0482	L0484	
		L0486	L0624	L0629	L0631	
		L0632	L0634	L0636	L0637	
		L0638	L0640	L0700	L0710	
		L0810	L0820	L0830	L0859	
		L0861	L1000	L1005	L1200	
		L1300	L1310	L1499	L1680	
		<ul style="list-style-type: none"> Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit 	L1685	L1700	L1710	L1720
			L1730	L1755	L1820	L1830
	L1831		L1832	L1834	L1836	
	L1840		L1844	L1845	L1846	
	L1847		L1850	L1860	L1945	
	L1950		L1970	L2000	L2005	
	L2010		L2020	L2030	L2034	
	L2036		L2037	L2038	L2060	
	<ul style="list-style-type: none"> The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively 		L2106	L2108	L2126	L2136
			L2350	L2510	L2526	L2627
		L2628	L3230	L3265	L3649	
		L3671	L3674	L3720	L3730	
		L3740	L3763	L3764	L3900	
		L3901	L3904	L3905	L3961	
		L3971	L3975	L3976	L3977	
		L3999	L4000	L4010	L4020	
	For members 21 and older: AHCCCS orthotics coverage applies if:	L4350	L4392	L4394	L4631	
		L5010	L5020	L5050	L5060	
		L5100	L5105	L5150	L5160	
		L5200	L5210	L5220	L5230	
L5250		L5270	L5280	L5301		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization					
Orthotics and prosthetics (cont.)	<ul style="list-style-type: none"> The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines 	L5312	L5321	L5331	L5341		
		L5400	L5420	L5460	L5500		
		L5505	L5510	L5520	L5530		
		L5535	L5540	L5560	L5570		
		L5580	L5585	L5590	L5595		
		<ul style="list-style-type: none"> The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition 	L5600	L5610	L5613	L5614	
			L5616	L5639	L5640	L5642	
			L5643	L5644	L5646	L5647	
			L5648	L5649	L5651	L5653	
			L5661	L5673	L5682	L5683	
	L5700		L5702	L5703	L5705		
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider 		L5706	L5716	L5718	L5722	
			L5724	L5726	L5728	L5780	
			L5790	L5795	L5811	L5812	
			L5814	L5816	L5818	L5822	
		For members 21 and older with orthotic limitation:		L5824	L5826	L5828	L5830
		<ul style="list-style-type: none"> Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit 	L5845	L5848	L5857	L5858	
			L5930	L5950	L5960	L5961	
			L5962	L5964	L5966	L5968	
			L5976	L5979	L5980	L5981	
			L5982	L5984	L5986	L5987	
	L5988		L5990	L5999	L6050		
	L6055		L6100	L6110	L6120		
	L6130		L6200	L6205	L6250		
	L6300		L6310	L6320	L6350		
	L6360		L6370	L6380	L6382		
	<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>	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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		L8612	L8631	L8659	
Out-of-network	Prior authorization is required for all out-of-network services.				
Out-of-state services	Benefit only approved when service is emergent or unavailable in Arizona.				
Outpatient therapy	Prior authorization is required	92507 92523 97014 97026 97039 97116 97162 97166	92508 92524 97016 97028 97110 97124 97163 97167	92521 92526 97018 97033 97112 97140 97164 97168	92522 97012 97022 97034 97113 97161 97165 97799
Pain injections and management	Prior authorization is required.	64490	64493		
Pharmacy drugs	A list of medications requiring prior authorization is available at Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization">UHCprovider.com/AZcommunityplan > 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

For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization service by:

Phone: 800-310-6826

Fax forms are available at UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs > Pharmacy Prior Authorization > 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.

Service requests must include J codes and NDC codes for the medication requested.

The following hemophilia factor/ biotech drugs are included on the prior authorization list:

- Aldurazyme®
- Ceprotin™
- Cerezyme™
- Cimzia®
- Cinryze
- Elaprase®
- Exondys 51®
- Elelyso™

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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- Fabrazyme®
- Juxtapid™
- Kalydeco™
- Kuvan™
- Kynamro™
- Lumizyme®
- Myozyme™
- Orfadin™
- Soliris®
- Spinraza™
- Synagis®
- VPRIV™
- Xolair®
- Zolgensma®

Potentially unproven services	Prior authorization is required.	33289		C2624	
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Pregnancy termination	Prior authorization is required for the codes listed.	59840 59852	59841 59855	59850 59856	59851 59857
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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.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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.				
Private duty nursing	Prior authorization is required for the codes listed.	T1002	T1003		
Prostate procedures	Prior authorization is required.	37243 53852	52441 55873	52442 55874	53850
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization is required for the codes listed.	77520	77522	77523	77525
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear cardiology procedures 	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>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.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p>			
Rhinoplasty and septoplasty Treatment of nasal functional	Prior authorization is required for the codes listed.	30400 30435 30465	30410 30450	30420 30460	30430 30462

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 for the codes listed.	29805*	29806*	29807*	29819*
		29820*	29822*	29823*	29824*
		29825*	29826*	29827*	29828*
		*SOS also applies			
Sinuplasty	Prior authorization is required for the codes listed.	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	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 45385			
		Cosmetic and reconstructive 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			
		ENT procedures 21320 30140 30520 69436			
		69631			
		Eye and ocular adnexa 65710 65820 66250 66710			
		66711 66825 66986 66987			
		66988 67010 67041 67042			
		67105 67108 67113 67840			
		68110 68115 68320 68720			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Site of service (SOS) – outpatient hospital (cont.)	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	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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		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				
Skilled and custodial nursing facility services	Prior authorization is required.				
Sleep apnea procedures and surgeries	Prior authorization is required for the codes listed.	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Specialty/enclosed beds	Prior authorization is required for the codes listed.	E0250	E0251	E0255	E0256
		E0260	E0261	E0280	E0290
		E0291	E0292	E0293	E0294
		E0295	E0300	E0301	E0303
		E0315	E0316	E0328	E0329
		E0462			
Spinal surgery	Prior authorization is required for the codes listed.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512

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

Sterilization	Prior authorization is required.	52601	52630	52648	52649
		55250	55801	55821	55831
		58600	58605	58611	58615
		58670	58671	58700	
	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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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	
		Neurostimulator			
		43648	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
	L8687	L8688			

Transplant services	Prior authorization is required for the codes listed.	For transplant and CAR T-Cell therapy services including Abecma, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, 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**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		C9399 **Amtagvi, Lantidra	J3490	J3590	
Transportation	Transportation prior authorization is required for nonemergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Management at 888-700-6822.			
Vein procedures	Prior authorization is required for the codes listed.	36473 37718 37780	36475 37722	36478 37765	37700 37766
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities					
Ventricular assist devices	Prior authorization is required for the codes listed.	Please call the notification number on the back of the member's health plan ID card.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509
Wound vac	Prior authorization is required for the codes listed.	E2402			