

Prior authorization requirements for Arizona Developmental Disabilities

Effective August 1, 2025

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	For members younger than 21: Allergy immunotherapy <u>and</u> allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary. For members 21 and older: Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is not a covered benefit. Allergy testing, including testing for common allergens, is a covered	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	benefit when the member has: - Sustained an anaphylactic reaction to an unknown allergen - Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. Prior authorization is required for allergy testing when it meets the criteria above.				
Augmentative and alternative communication	Prior authorization is required for the codes listed.	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
Bariatric surgery	Prior authorization is required for the codes listed.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	Prior authorization is required for inpatient admissions. Prior authorization is required for outpatient services listed. Second-level review required by the division for out-of-state service requests.	For a full list of Behavioral Health prior authorization requirements, please visit providerexpress.com Behavioral Health Prior Authorization Code List by State (providerexpress.com)			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required for the codes listed.	20975	20979	E0760	
Breast cancer genetic testing	Prior authorization is required for the codes listed. Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.	81162 81166 81217	81163 81212 81432	81164 81215	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization is required for the codes listed.	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen®) J1442 Filgrastim-aafi (Nivestym®) Q5110 Filgrastim-ayow, biosimilar (Releuko®) Q5125 Filgrastim-sndz (Zarxio®) Q5101 Pegfilgrastim (Neulasta®) J2506 Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122 Pegfilgrastim-bmez (Ziextenzo®) Q5120 Pegfilgrastim-cbqv (UDENYCA®) Q5111 Pegfilgrastim-jmdb (Fulphila®) Q5108 Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447 Trilaciclib (Cosela™) J1448 <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®) J0897 Colony Stimulating Factors J1449 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 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	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.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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			
Cardiovascular	Prior authorization is required.	93580			
Cerebral seizure monitoring – Inpatient video electroencephalogram	Prior authorization is required for inpatient services.	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization: - 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 Please submit requests online by 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 call 888-397-8129.			
Circumcision	Routine circumcision is not a covered benefit. Prior authorization is required only for cases with documented medical necessity.	54150	54160	54161	54162
Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	For members younger than 21: Prior authorization is required for the codes listed.	69710	69714	69930	L8614
	For members 21 and older: - Prior authorization required for supplies, equipment maintenance and repair of component parts - Hardware is not a covered benefit Clinical documentation must accompany and establish medical necessity for this service request.	L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization is required with type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly	Prior authorization is required for the codes listed. Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	11960	14020*	14021*	14041
		14061*	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
improving or restoring physiological function.		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21740	21742
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		*Will NOT require prior auth when billed with skin cancer diagnoses			
Dental services	For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208.				
	For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-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.				
Diabetic supplies	Diabetic supplies are provided by the local pharmacy.	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.			
	Prior authorization for talking glucometers is available through the medical prior authorization process.				
Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	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.			
*Requires prior authorization regardless of dollar amount	To request DME items, please call Preferred Homecare at 800-636-2123.				
	These DME items are <u>not</u> covered by Preferred Homecare:	E0194	E0265	E0266	E0270
		E0300	E0445	E0457	E0465
		E0466	E0483	E0486	E0620
		E0636	E0638	E0641	E0642
	Bone stimulators	E0656	E0669	E0670	E0675
	Diabetic supplies	E0693	E0694	E0700	E0710
	Enclosed beds	E0745	E0766	E0784	E0984
	Insulin pumps	E0986	E1002	E1003	E1004
	Percussion vests	E1005	E1006	E1007	E1008
	Specialty beds	E1009	E1010	E1030	E1035
	Wound vacs	E1036	E1161	E1229	E1231
	Prosthetics are not DME – see orthotics and prosthetics	E1232	E1233	E1234	E1235

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
DME (cont.)		E1236	E1237	E1238	E1239
		E1825	E2100	E2227	E2228
		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/or al

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 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.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.	33477 A4638 G0293 S9991	36514 A9274 G2000 S9992	64722 E1831 S9988 S9994	66180 G0276 S9990 S9996
Eye care/optometry	Benefits provided for members younger than 21: - One routine eye exam every 12 months - Regular single vision bifocal or trifocal polycarbonate lenses - Frame for up to \$79.99 retail price - One replacement pair of glasses if lost, stolen or damaged - Members may pay the difference for a more expensive pair of glasses but must sign a waiver provided by Nationwide Vision For members 21 and older: Prior authorization is required when medically necessary to diagnose or treat diseases and conditions of the eye.	For member eye care services, please call Nationwide Vision at 480-961-1702.			
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hearing aids and services Hearing evaluations and hearing aids	For members younger than 21: Prior authorization is not required.	92590	92591	92592	92593
		92594	92595	V5010	V5011
	For members 21 and older: Prior authorization is required.	V5014	V5030	V5040	V5050
		V5060	V5095	V5100	V5120
		V5190	V5230	V5242	V5243
		V5244	V5245	V5246	V5247
		V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
		V5267	V5298		
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	58152	58180	58200
		58210	58240	58260	58262
		58263	58267	58270	58275
		58280	58285	58290	58291
		58292	58293	58294	58541
		58542	58543	58544	58548
		58550	58552	58553	58554
		58570	58571	58572	58573
		58951	58953	58954	58956
		59525			
Incontinence supplies	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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Aralast® NP, Prolastin-C, Zemaira®			
		J0256			
		Avsola®			
		Q5121			
		Benlysta™			
		J0490			
		Beqvez			
		J1414			
		Berinert®			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura®			
		J0567			
		Briumvi™			
		J2329			
		Cimerli™			
		Q5128			
		Cinqair®			
		J2786			
		Cosentyx IV			
		J3247			
		Crysvita®			
		J0584			
		Cutaquig®			
		J1551			
		Daxxify®			
		J0589			
		Elfabrio®			
		J2508			
		Enjaymo™			
		J1302			
		Entyvio®			
		J3380			
		Esperoct®			
		J7204			
		Evenity®			
		J3111			
		Evkeeza®			
		J1305			
		Eylea™ HD			
		J0177			
		Fasenra™			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J0517			
		Fensolvi®			
		J1951			
		Feraheme®			
		Q0138			
		Firmagon®			
		J9155			
		Fynetra™			
		Q5130			
		Gamifant®			
		J9210			
		Givlaari®			
		J0223			
		Glassia®			
		J0257			
		Hemlibra			
		J7170			
		Hemgenix™			
		J1411			
		Hypavzi			
		J7172			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Inflectra™			
		Q5103			
		Injectafer®			
		J1439			
		IVIG			
		J1459	J1552	J1554	J1555
		J1556	J1557	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599		
		Izervay™			
		J2782			
		Kisunla			
		J0175			
		Korsuva™			
		J0879			
		Krystexxa®			
		J2507			
		Lamzede®			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0217 Lanreotide J1932 Lemtrada™ J0202 Leqembi™ J0174 Leqvio® J1306 Lupron Depot® J1950 Lupron Depot®, Eligard J9217 Mepsevii® J3397 Monoferic® J1437 Nexviazyme® J0219 Niktimvo J9038 Nglazyme J1458 Nplate® J802 Nucala® J2182 Nypozi Q5148 Ocrevus® J2350 Ocrevus Zunovo J2351 Octreotide Acetate J2354 Omvo™ J2267 Onpattro® J0222 Orencia® J0129 Otulf IV Q9999

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

Procedures and services	Additional information		CPT® or HCPCS codes and/or how to obtain prior authorization	
Injectable medications (cont.)			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	
			Sublocade™	
	Q9991	Q9992		
			Supprelin® LA	
			J9226	
			Syfovre™	
			J2781	
			Synagis®	
			90378	
			Tepezza®	
			J3241	
			Tezspire™	
			J2356	
			Therapeutic Radiopharmaceuticals*	
	A9513	A9590	A9606	A9607
			A9699	
			Tofidence™	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Q5133			
		Trelstar®			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur®			
		J3316			
		Tyenne™			
		Q5135			
		Tziel™			
		J9381			
		Unclassified codes**			
		C9094	C9149	C9157	C9166
		C9172	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™			
		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.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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. *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 UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129. **For unclassified and temporary codes C9094, C9149, C9157, C9166, C9172, C9399, J3490 and J3590, prior authorization is only required for Nulibry, Revcovi, Rivfloza, 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: • Acute care hospitals • Acute inpatient rehabilitation • Long-term acute care hospitals • Skilled nursing facilities			
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 services	Prior authorization is required.	To determine prior authorization requirements, please call LabCorp at 800-788-9743.			
Nonemergent air ambulance transport	Prior authorization is required for the codes listed.	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization is required for the codes listed.	21121	21123	21125	21127
		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. For members younger than 21 with orthotic limitation: • Reasonable repairs or adjustments of purchased orthotics are covered for all	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit	L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1830
	• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively	L1831	L1832	L1834	L1836
		L1840	L1844	L1845	L1846
		L1847	L1850	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
	For members 21 and older: AHCCCS orthotics coverage applies if:	L2106	L2108	L2126	L2136
	• The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines	L2350	L2510	L2526	L2627
		L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
	• The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition	L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		L4350	L4392	L4394	L4631
	• The orthotic is ordered by a physician or primary care provider	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
	For members 21 and older with orthotic limitation:	L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
	• 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	L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
	The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	L5643	L5644	L5646	L5647
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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		
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	For members younger than 21:	92507	92508	92521	92522
	Prior authorization is required for the codes listed.	92523	92524	92526	97012
		97014	97016	97018	97022
	Occupational, physical and speech therapy is covered in an inpatient or outpatient setting. No benefit limits apply.	97026	97028	97033	97034
		97039	97110	97112	97113
		97116	97124	97140	97161
		97162	97163	97164	97165
	For members 21 and older:	97166	97167	97168	97799
	Prior authorization is not required.				
	Outpatient speech therapy is <u>not</u> a covered benefit.				
	Occupational and physical therapy is covered in an inpatient or outpatient setting. Outpatient occupational and physical therapy are:				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	- Limited to 15 occupational and physical therapy visits per benefit year, Oct. 1–Sept. 30, to help an individual restore a skill or level of function and maintain it - Limited to 15 occupational and physical therapy visits per benefit year, Oct. 1–Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it For qualified Medicare beneficiaries: Covered for unlimited visits when medically necessary				
Pain injections and management	Prior authorization is required.	64490	64493		
Pharmacy drugs	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization Service requests <u>must</u> include J codes and NDC codes for the medication requested. The following hemophilia factor/ biotech drugs are included on the prior authorization list: - Aldurazyme® - Ceprothin™ - Cerezyme™ - Cimzia® - Cinryze - Elaprase® - Exondys 51® - Elelyso™ - Fabrazyme® - Juxtapid™ - Kalydeco™ - Kuvan™ - Kynamro™ - Lumizyme® - Myozyme™ - Orfadin™ - Soliris® - Spinraza™ - Synagis® - VPRIV™ - Xolair® - Zolgensma®	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: 866-940-7328 For specialty pharmacy prior authorization, please fax 866-940-7328. 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.				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Potentially unproven services	Prior authorization is required.	33289	C2624		
Pregnancy termination	Prior authorization is required for the codes listed. Prior authorization includes Mifepristone, Mifeprex® or RU-486. Clinical documentation and the certificate of medical necessity for pregnancy termination <u>must</u> accompany the prior authorization request form. For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination. The Certificate of Medical Necessity For Pregnancy Termination can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > Attachment C.	59840 59852	59841 59855	59850 59856	59851 59857
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	Prior authorization is required for the codes listed.	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: - Certain CT, MRI, MRA and PET scans - Nuclear medicine and nuclear cardiology procedures	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.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization is required for the codes listed.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization is required for the codes listed.	29805* 29820* 29825*	29806* 29822* 29826*	29807* 29823* 29827*	29819* 29824* 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. Prior authorization is not required if performed at a participating ambulatory surgery center.	Auditory system 69205 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			

Procedures and services	Additional information		CPT® or HCPCS codes and/or how to obtain prior authorization	
Site of service (SOS) – outpatient hospital (cont.)		65710	65820	66250
		66711	66825	66986
		66988	67010	67041
		67105	67108	67113
		68110	68115	68320
		68815		
	Female genital system			
		57240	57250	57461
		58561	58562	
	Gynecologic procedures			
		57522	58353	58558
		58565		58563
	Hemic and lymphatic systems			
		38500	38510	38525
	Hernia repair			
		49505	49650	49651
	Integumentary system			
		10121	11440	11450
		11770	13121	15100
		15240	19020	19120
	Liver biopsy			
		47000		
	Male genital system			
		54840		
	Miscellaneous			
		20680		
	Musculoskeletal system			
		20552	20553	21012
		21336	21554	21555
		21930	22902	22903
		23075	23470	23472
		23743	24071	27327
		27632	28035	28039
		28060	28080	28090
		28110	28118	28119
		28285	28289	28292
		28297	28298	28299
		29840	29845	29846
		29861	29875	29876
				21013
				21556
				23071
				23474
				27337
				28041
				28104
				28124
				28296
				29835
				29848
				29877

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		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				
		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
		55700	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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
		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	52647	52648
		52649	55250	55801	55821
	Any member requesting sterilization <u>must</u> sign an appropriate consent for sterilization form.	55831	58600	58605	58611
		58615	58670	58671	58700
	For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization. The Consent to Sterilization form can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.				
Stimulators	Prior authorization is required.	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	
		Neurostimulator			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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. Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.	For transplant and CAR T-Cell therapy services including Abecma, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Tecartus, Tecelra and Yescarta, 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*	J3391	J3392
		J3394			
		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**			
		C9301	C9399	J3490	J3590
		**Amtagvi, Lantidra, Ryoncil			
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	36475	36478	37700
Removal and ablation of the main trunks and named branches of		37718	37722	37765	37766
		37780			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization is required for the codes listed.	E2402			