

Prior authorization requirements for Arizona Developmental Disabilities

Effective September 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	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			
Allergy immunotherapy (cont.)	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 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	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			
	admissions. Prior authorization is required for outpatient services listed. Second-level review required by the division for out-of-state service requests.	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
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.	Injectable colony-stimulating factor drugs that require prior authorization: J0897 J1442 J1447 J1448 J2506 J2820 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 Q5125 Q5136 Q5157 Q5158 Q5159 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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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. 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.	0569T	0570T	93580	
Cerebral seizure monitoring – Inpatient video electroencephalogram	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 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	54150	54160	54161	54162

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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. Prior authorization for talking glucometers is available through the medical prior authorization process.	To locate contracted health care professionals or vendors, please visit UHCprovider.com/AZcommunityplan > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.			
Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. To request DME items, please call Preferred Homecare at 800-636-2123. These DME items are not covered by Preferred Homecare: • Bone stimulators • Diabetic supplies • Enclosed beds • Insulin pumps • Percussion vests • Specialty beds • Wound vacs	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		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

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. 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	36514	64722	66180
		A4638	A9274	E1831	G0276
		G0293	G2000	S9988	S9990
		S9991	S9992	S9994	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	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.	81265 81325 81405 81415	81302 81401 81406 81416	81321 81403 81407 81460	81323 81404 81408 81479
	To determine prior authorization requirements, please call LabCorp at 800-788-9743.	86353 88261 88267 88273 88283 88299	88245 88262 88269 88274 88285	88248 88263 88271 88275 88289	88249 88264 88272 88280 88291
		Biomarker Codes			
		81313	81327	81435	81490
Hearing aids and services	For members younger than 21:	V5014 V5248	V5060 V5252	V5190 V5256	V5244 V5260
Hearing evaluations and hearing aids	Prior authorization is not required.	V5267 V5245 V5261	V5030 V5249 V5298	V5095 V5253 V5010	V5230 V5257 V5040
	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 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
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 Q5161

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Q0138			
		Firmagon®			
		J9155			
		Fynhetra™			
		Q5130			
		Gamifant®			
		J9210			
		Gazyva			
		J9301			
		Givlaari®			
		J0223			
		Glassia®			
		J0257			
		Hemlibra			
		J7170			
		Hemgenix™			
		J1411			
		Hyalgan, Supartz, Visco-3			
		J7321			
		Hymovis, Hymovis One			
		J7322			
		Hympavzi			
		J7172			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Imaavy			
		J9256			
		Imuldosa IV			
		Q5098			
		Inflectra™			
		Q5103			
		Injectafer®			
		J1439			
		Itvisma			
		J3405			
		IVIG			
		J1459	J1552	J1553	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
		Izervay™			
		J2782			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Jubbonti Q5136 Kisunla J0175 Korsuva™ J0879 Krystexxa® J2507 Lamzede® 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®

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J2350 Ocrevus Zunovo J2351 Octreotide Acetate J2354 Omvo [™] J2267 Onpattro® J0222 Orencia® J0129 Osvyrti Q5166 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Riabni™			
		Q5123			
		Rituxan®			
		J9312			
		Rituxan Hycela®			
		J9311			
		Roctavian™			
		J1412			
		Ruconest®			
		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	J7324	J7325	J7326
		J7327	J7329	J7331	J7332
		Somatuline® Depot			
		J1930			
		Spevigo™			
		J1747			
		Starjemza			
		Q5164			
		Stelara™			

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Vimizim® J1322 Vyepti® J3032 Vyvgart® J9332 Vyvgart® Hytrulo™ J9334 Wezlana IV Q5138 Xembify™ J1558 Xenpozyme J0218 Yartemlea J1289 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. *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, C9399, J3490 and J3590, prior authorization is only required for Kebilidi, 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		• Acute inpatient rehabilitation • Long-term acute care hospitals • Skilled nursing facilities			
Joint replacement	Prior authorization is required for the codes listed.	24360	24361	24362	24363
Joint, total hip		27120	27125	27130	27132
and knee		27134	27137	27138	27412
replacement		27446	27447	27486	27487
procedures		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	Prior authorization is required for the codes listed.	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
Treatment of		21154	21155	21159	21160
maxillofacial/ja		21188	21193	21194	21195
w functional		21196	21198	21199	21206
impairment		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
	For members younger than 21 with orthotic limitation:	L0464	L0480	L0482	L0484
	• 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	L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L0861	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		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
		L2106	L2108	L2126	L2136

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively	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
		L4350	L4392	L4394	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5200	L5210	L5220	L5230
	The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines	L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
	The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition	L5657	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
	The orthotic is ordered by a physician or primary care provider	L5968	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		L6034	L6035	L6036	L6038
		L6039	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6380	L6382	L6384	L6400
		L6450	L6500	L6550	L6570
	For members 21 and older with orthotic limitation:	L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
	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	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
	The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	Prior authorization is required	92507	92508	92521	92522
		92523	92524	92526	97012
		97014	97016	97018	97022
		97026	97028	97033	97034
		97039	97110	97112	97113
		97116	97124	97140	97161
		97162	97163	97164	97165
		97166	97167	97168	97799
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	90378	J0224	J0717	J1290
		J1299	J1303	J1427	J1428
		J1429	J1786	J2326	J2357
		J2840	J3060	J3385	J3398
		J3399			
	Service requests must include J codes and NDC codes for the medication requested.				
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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The following hemophilia factor/
biotech drugs are included on the prior authorization list:

- Aldurazyme®
- Ceprotin™
- Cerezyme™
- Cimzia®
- Cinryze
- Elaprase®
- Exondys 51®
- Elelyso™
- Fabrazyme®
- Juxtapid™
- Kalydeco™
- Kuvan™
- Kynamro™
- Lumizyme®
- Myozyme™
- Orfadin™
- Soliris®
- Spinraza™
- Synagis®
- VPRIV™
- Xolair®
- Zolgensma®

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.

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.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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.				
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: Certain CT, MRI, MRA and PET scans	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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Nuclear cardiology procedures	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 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.	29806* 29822* 29826*	29807* 29823* 29827*	29819* 29824* 29828*	29820* 29825*
		*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			

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		27632	28035	28039	28041
		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29835
		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				
	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 Maxillomandibular advancement and oral-pharyngeal	Prior authorization is required for the codes listed.	21685	41599	42145	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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.	0098T	0656T	0657T	0790T
		22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22590	22595
		22600	22610	22612	22630
		22633	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22836	22837
		22838	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			

*SOS applies

Sterilization	Prior authorization is required.	52601	52630	52648	52649
		55250	55801	55821	55831
		58600	58605	58611	58615
	Any member requesting sterilization must sign an	58670	58671	58700	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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 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			
		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 must accompany and establish medical necessity for service request.	For transplant and CAR T-Cell therapy services including Abecma, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Waskyra, Yartemlea, Yescarta and Zevaskyn please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38240	38241	38242	44132
		44133	44135	44136	44137

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		44715	44720	44721	47133
		47135	47140	47141	47142
		47143	47144	47145	47146
		47147	48551	48552	48554
		50300	50320	50323	50325
		50340	50360	50365	50370
		50547	38232*	J1289	J3386
		J3387	J3389	J3391	J3392
		J3394	J3402		
		CAR T-cell therapy:			
		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	
		**Amtagvi, Lantidra			

Transportation	Transportation prior authorization is required for nonemergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Management at 888-700-6822.
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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 the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			

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.
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A mechanical pump that takes over the function of the	33927	33928	33929	33975
	33976	33979	33981	33982
	33983	Q0507	Q0508	Q0509

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
damaged ventricle of the heart and restores normal blood flow		
Wound vac	Prior authorization is required for the codes listed.	E2402