

Prior authorization requirements for Arizona Long Term Care

Effective April 1, 2026

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Long Term Care 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](https://uhcprovider.com) and click Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **By phone:** Call 877-842-3210

Please note

- To be eligible for authorization, services must be covered benefits as outlined and defined by the Arizona Health Care Cost Containment System (AHCCCS)
- Services provided by out-of-network, 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
- 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, 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 treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy or another</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	<p>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. 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	<p>Prior authorization is required for inpatient admissions.</p> <p>Prior authorization is required for outpatient services listed.</p>	For a full list of Behavioral Health prior authorization requirements, please visit Behavioral Health Prior Authorization Code List by State			
Bone growth stimulator Electronic stimulation or ultrasound to heal	Prior authorization is required for the codes listed.	20975	20979		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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fractures					
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	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization is required for the codes listed.	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
Cancer Supportive Care	Prior authorization is required	J1434 Q5158	20979 Q5159	Q5136	Q5157

Colony Stimulating Factors
Q5148

Cardiovascular	Prior authorization is required.	93580			
		DX Not Req PA			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468		
I70.469	I70.521	I70.522	I70.523		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
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				
Circumcision	Routine circumcision is not a covered benefit.	54150	54160	54161	54162
	Prior authorization is required only for cases with documented medical necessity.				
Cochlear and other auditory implants	Prior authorization is required for the codes listed.	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
Continuous glucose monitor	Prior authorization is required with type 2 diabetes diagnosis.	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
Cosmetic and reconstructive procedures	Prior authorization is required for the codes listed.	11960	11971	14020*	14021*
		14041	14061*	15823	15830
		15847	17106	17107	17108
		17999	21137	21138	21139
Cosmetic procedures that	Services or items furnished	21172	21175	21179	21180

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
change or improve physical appearance without significantly improving or restoring physiological function	solely for cosmetic purposes are excluded from AHCCCS coverage.	21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966			
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		*Will NOT require prior auth when billed with skin cancer diagnoses			
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-D2 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300: Medical Policy for Covered Services > 310, Covered Services > 310-D2.				
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 for the codes listed with a retail purchase	E0193	E0194	E0265	E0266
		E0270	E0277	E0300	E0302
		E0304	E0329	E0445	E0457

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	or a cumulative rental cost of more than \$500.	E0465	E0466	E0483	E0486
		E0620	E0636	E0656	E0669
		E0670	E0675	E0693	E0694
	Arizona Long Term Care will review Medicare denials of DME. Clinical documentation and a copy of the denial must accompany and establish medical necessity for the service request.	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
	Prosthetics are not DME – see orthotics and prosthetics.	E1238	E1239	E1825	E1902
		E2100	E2227	E2228	E2230
		E2298	E2301	E2322	E2325
		E2327	E2329	E2331	E2351
		E2373	E2500	E2502	E2504
		E2506	E2508	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/parental/oral	Prior authorization is required for the codes listed.	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition and/or lipids and oral	Clinical documentation and oral supplement certificate of medical necessity, as applicable, must accompany and establish medical necessity for this service request.	B4158	B4159	B4160	B4161
		B9002	B9998		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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supplements	<p>For members younger than 21: For more information, please review 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.</p>	
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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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Enteral services/parental/oral (cont.)	(AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG. > Attachment A				
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Experimental and investigational (and/or linked services)	Prior authorization is required for all services considered experimental and/or investigational.	33477	36514	64722	66180
		A4638	A9274	E1831	G0276
		G0293	G2000	S9988	S9990
		S9991	S9992	S9994	S9996
	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.				

Eye care/optometry	Benefits provided for members younger than 21: <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:</p> <p>Prior authorization is required when medically necessary to diagnose or</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			
	treat diseases and conditions of the eye.				
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required for the codes listed.	29914	29915	29916	
Functional endoscopic sinus surgery	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 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- and community-based services	Prior authorization is required.	For home- and community-based services, please call UnitedHealthcare Community Plan of Arizona at 800-293-3740 or the notification number on the back of the member's health plan ID card.			
Home health care	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
	Infusion services – prior authorization is not required.				
Hospice	Prior authorization is required for the codes	For prior authorization, please call the Long-Term Care Case Management unit at 602-255-8908 to complete the			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	listed.	request.			
Hysterectomy	Prior authorization is required for the codes listed.	58150 58210 58263 58280 58292 58542 58550 58570 58951 59525	58152 58240 58267 58285 58293 58543 58552 58571 58953	58180 58260 58270 58290 58294 58544 58553 58572 58954	58200 58262 58275 58291 58541 58548 58554 58573 58956
Incontinence supplies	<p>For members younger than 21: Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month.</p> <p>For members 21 and older: Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.</p>				
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™			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)		J0490			
		Beqvez			
		J1414			
		Berinert®			
		J0597			
		Bildyos			
		Q5162			
		Bkemv			
		Q5152			
		Bosaya			
		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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)	Evenity®				
	J3111				
	Evkeeza®				
	J1305				
	Eylea™ HD				
	J0177				
	Fasenra™				
	J0517				
	Fensolvi®				
	J1951				
	Feraheme®				
	Q0138				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	Hemlibra				
	J7170				
	Hemgenix™				
	J1411				
	Hympavzi				
	J7172				
	Ilaris®				
	J0638				
	Ilumya™				
	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					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Injectable medications (cont.)		Q5136 Kisunla J0175 Korsuva™ J0879 Krystexxa® J2507 Lamzede® J0217 Lemtrada™ J0202 Leqembi J0174 Leqvio® J1306 Lutrate Depot J1954 Mepsevii® J3397 Monoferric® J1437 Nexviazyme® J0219 Nglazyme J1458 Niktimvo J9038 Nplate® J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Ocrevus® J2350 Ocrevus Zunovo J2351 Orencia® J0129 Omvoh™ J2267
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Onpattro®
 J0222
 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
 Roctavian™
 J1412
 Ruconest®
 J0596
 Ryplazim®
 J2998
 Rystiggo™
 J9333
 Saphnelo®

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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				
Spevigo™					
J1747					
Stelara™					
J3358					
Steqeyma IV					
Q5099					
Stoboclo					
Q5157					
Sublocade™					
Q9991	Q9992				
Syfovre™					
J2781					
Synagis®					
90378					
Tepezza®					
J3241					
Tezspire™					
J2356					
Therapeutic Radiopharmaceuticals					
A9615					
Tofidence™					
Q5133					
Tremfya IV					
J1628					
Triptodur®					
J3316					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Tyenne™
 Q5135
 Tziel™
 J9381
 Unclassified codes*
 C9094 C9149 C9157 C9166
 C9399 J3490 J3590

Uplizna®
 J1823
 Intravitreal Vascular Endothelial Growth Factor
 J0178 J0179 J2777 J2778
 J2779 Q5124 Q5128

Wezlana IV
 Q5138
 Veopoz™
 J9376
 Vimizim®
 J1322
 Vyepti®
 J3032
 Vyvgart®
 J9332
 Vyvgart® Hytrulo™
 J9334
 Xembify™
 J1558
 Xenpozyme™
 J0218
 Yesintek IV
 Q5100
 Zymfentra
 J1748

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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*For unclassified and temporary codes C9094, C9149, C9157, C9166, C9167, C9168, C9399, J3490 and J3590, prior authorization is only required for Kebilidi, Revcovi, Rivfloza, Starjemza, Vabysmo

Inpatient admission	<p>Prior authorization is required for inpatient admissions including:</p> <ul style="list-style-type: none"> • Behavioral/substance abuse • Elective surgical with admission • Hospice • Long-term acute care/rehabilitation • Skilled nursing facilities <p>Prior authorization is not required for emergency services.</p>
Inpatient – observation	<p>Prior authorization is not required.</p> <p>Notification required if member is admitted for an inpatient stay.</p> <p>Observation must be ordered in writing by a physician, or other individual authorized by hospital staff bylaws, to admit patients to the hospital or to order outpatient diagnostic tests or treatments.</p>

Joint replacement	Prior authorization is required for the codes listed.	24360	24361	24362	24363
Joint, total hip and knee replacement procedures		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			

Laboratory services	Prior authorization is not required. If you have questions, please call LabCorp at 800-788-9743.
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
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 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1720 L1830 L1836 L1847 L2000 L2034 L2060 L2136 L2628 L3671 L3740 L3901 L3976 L4010 L5020 L5105 L5210 L5280 L5331 L5460 L5520 L5560	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1730 L1831 L1840 L1860 L2005 L2036 L2106 L2350 L3230 L3674 L3763 L3904 L3977 L4020 L5050 L5150 L5220 L5301 L5341 L5500 L5530 L5570	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1755 L1832 L1844 L1945 L2020 L2037 L2108 L2526 L3265 L3720 L3764 L3905 L3999 L4631 L5060 L5160 L5230 L5312 L5400 L5505 L5535 L5580	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1820 L1834 L1845 L1950 L2030 L2038 L2126 L2627 L3649 L3730 L3900 L3961 L4000 L5010 L5100 L5200 L5270 L5321 L5420 L5510 L5540 L5585
	For members younger than 21 with orthotic limitation:				
	<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 The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively 				
	For members 21 and older: AHCCCS orthotics coverage applies if:				

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 	L5590	L5595	L5600	L5610	
		L5613	L5614	L5616	L5639	
		L5640	L5642	L5643	L5644	
		L5646	L5647	L5648	L5649	
		L5651	L5653	L5661	L5673	
		L5682	L5683	L5700	L5702	
		<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 	L5703	L5705	L5706	L5716
			L5718	L5724	L5726	L5728
			L5780	L5790	L5795	L5811
			L5812	L5814	L5816	L5818
			L5822	L5824	L5826	L5828
			L5830	L5845	L5848	L5857
		<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care physician 	L5858	L5930	L5950	L5960
			L5961	L5962	L5964	L5966
			L5968	L5976	L5979	L5980
		<p>For members 21 and older with orthotic limitation:</p>	L5981	L5982	L5984	L5986
			L5987	L5988	L5990	L5999
		<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 	L6050	L6055	L6100	L6110
			L6120	L6130	L6200	L6205
			L6250	L6300	L6310	L6320
			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
		<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 	L6695	L6696	L6697	L6704
			L6707	L6708	L6709	L6711
			L6712	L6713	L6714	L6881
			L6882	L6883	L6884	L6885
			L6895	L6900	L6905	L6910
		L6920	L6925	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-state services Benefit only approved when service is emergent or unavailable in Arizona.

Out-of-network Prior authorization is

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
services	required for all out-of-network services.				
Outpatient therapy – occupational, physical and speech therapy	For members 21 years and older: Occupational, physical and speech therapy are covered when medically necessary. No annual benefit limit for occupational and speech therapy	97012 97022 97034 97113 97530 G0283	97014 97026 97039 97116 97535	97016 97028 97110 97124 97799	97018 97033 97112 97140 G0281
	<ul style="list-style-type: none"> • Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits 				
	<p>For members 21 and older: Occupational/speech therapy Prior authorization is required for occupational and speech therapy. Services are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity.</p>	92507	92508	92526	
	<ul style="list-style-type: none"> • Prior authorization is required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits. 				
	<p>Physical therapy – outpatient Prior authorization is NOT required for outpatient physical therapy. Outpatient physical therapy services are:</p>				
	<ul style="list-style-type: none"> • Limited to 15 visits per benefit year, Oct. 1–Sept. 				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<p>30, to help an individual acquire a new skill or level of function, and then maintain it</p> <p>Physical therapy – skilled nursing or custodial facility considered as inpatient.</p> <p>Services are covered when medically necessary and not subjected to outpatient benefits limitations.</p> <ul style="list-style-type: none"> • Prior authorization is required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits. 				
Pain injections and management	Prior authorization is required.	64490	64493		
Pharmacy drugs	<p>A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs</p> <p>Service requests must include J codes and National Drug Codes for the medication requested.</p> <p>The following hemophilia factor/ biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> • Aldurazyme® • Ceprotin™ • Cerezyme™ • Cimzia® • Cinryze • Elaprase® 	<p>90378 J1299 J1429 J2840 J3399</p>	<p>J0224 J1303 J1786 J3060</p>	<p>J0717 J1427 J2326 J3385</p>	<p>J1290 J1428 J2357 J3398</p> <p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: 800-310-6826</p> <p>Fax forms are available at UHCprovider.com/AZcommunityplan > Arizona > Pharmacy Program > Pharmacy Prior Authorization Forms > Specialty Medication Prior Authorization Cover Sheet. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<ul style="list-style-type: none"> • Elelyso™ • Exondys 51® • Fabrazyme® • Juxtapid™ • Kalydeco™ • Kuvan™ • Kynamro™ • Lumizyme® • Myozyme™ • Orfadin™ • Soliris® • Spinraza™ • Synagis® • VPRIV™ • Xolair® • Zolgensma® 				
Potentially Unproven Services	Prior authorization is required.	33289	C2624		
Pregnancy termination	<p>Prior authorization is required for the codes listed.</p> <p>Prior authorization includes Mifepristone, Mifeprex® or RU-486</p> <p>Clinical documentation and the certificate of medical necessity for pregnancy termination must accompany the prior authorization request form.</p> <p>For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care</p>	59840 59852	59841 59855	59850 59856	59851 59857

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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.				
Prostate procedures	Prior authorization 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 required for the codes listed	77520	77522	77523	77525
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.	Musculoskeletal system			
		23470 29805 29820 29825	23472 29806 29822 29826	23473 29807 29823 29827	23474 29819 29824 29828
Sinuplasty	Prior authorization is required for the codes listed.	31295	31296	31297	31298
Skilled nursing facility services	Prior authorization is required. Separate prior authorization is required for outpatient services.				
Sleep apnea procedures and	Prior authorization is required for the codes	21685	41599		42145

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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surgeries
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea

listed.

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
		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	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			

Sterilization	Prior authorization is required for the codes listed.	52601	52630	52648	52649
		55250	55801	55821	55831
		58565	58600	58605	58611
		58615	58670	58671	58700

For all members younger than age 21:

Prior authorization is required.
Any member requesting sterilization must sign an appropriate Consent for Sterilization form.
For more information,

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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 Implantation of a device that sends electrical impulses	Prior authorization is required.	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		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, Casgevy, Carvykti, Kymriah, 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.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38240	38241	38242	44132

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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			
0537T	0538T	0539T	0540T
J3392	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 (VAD)	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		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
heart and restores normal blood flow		
Wound vac	<p>Prior authorization is required for the codes listed.</p> <p>A negative pressure wound therapy pump and supplies will be denied if one or more of the following are present:</p> <ul style="list-style-type: none"> • Cancer tissue in the wound • Criteria for continued coverage is no longer met • Necrotic tissue with eschar in the wound, if debridement isn't attempted • Supplies and equipment are no longer being used by the member • Untreated fistula to an organ or body cavity within vicinity of the wound • Untreated osteomyelitis within vicinity of the wound 	E2402