Prior authorization requirements for Arizona Long Term Care

Effective September 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** 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	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 treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy or another	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Allergy immunotherapy (cont.)	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 92608 92609 A9901 E2500 E2502 E2504 E2506 E2508 E2510 E2511 E2512 E2599 V5336
Bariatric surgery	Prior authorization is required for the codes listed.	43644 43645 43659 43770 43775 43842 43845 43846 43847 43848 43860
Behavioral health	Prior authorization is required for inpatient admissions. Prior authorization is required for outpatient services listed.	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			
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 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the breast except for after mastectomy	Prior authorization is required for the codes listed.	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371
Cancer Supportive Care	Prior authorization is required	J1434 Q5158 Colony Stimulating Factors Q5148	20979 Q5159	Q5136	Q5157
Cardiovascular	Prior authorization is required.	0569T	0570T	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 L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	M86.9 Q27.30 Q27.9 T82.312A T82.392A I73.00	I96 Q27.32 Q87.2 T82.318A T82.398A I73.01	L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1
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
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	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 procedures Cosmetic procedures that	Prior authorization is required for the codes listed. Services or items furnished	11960 14041 15847 17999 21172	11971 14061* 17106 21137 21175	14020* 15823 17107 21138 21179	14021* 15830 17108 21139 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 Reconstructive procedures that treat a medical condition or improve or restore physiologic function	solely for cosmetic purposes are excluded from AHCCCS coverage.	21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	21182 21235 21282 21743 67901 67906 67912 67917 67924	21183 21256 21295 28344 67902 67908 67914 67921 67950	21184 21275 21740 30620 67903 67909 67915 67922 67961
		*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 E0270 E0304	E0194 E0277 E0329	E0265 E0300 E0445	E0266 E0302 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. 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. Prosthetics are not DME – see orthotics and prosthetics.	E0465 E0620 E0670 E0700 E0784 E1003 E1007 E1030 E1229 E1234 E1238 E2100 E2298 E2327 E2373 E2506 E2512 E2628 E8001 K0013 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890	E0466 E0636 E0675 E0710 E0984 E1004 E1008 E1035 E1231 E1235 E1239 E2227 E2301 E2329 E2500 E2508 E2599 E2629 E8002 K0108 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891	E0483 E0656 E0693 E0745 E0986 E1005 E1009 E1036 E1232 E1236 E1825 E2228 E2322 E2331 E2502 E2510 E2626 E2630 K0005 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	E0486 E0669 E0694 E0766 E1002 E1006 E1010 E1161 E1233 E1237 E1902 E2230 E2325 E2351 E2504 E2511 E2627 E8000 K0008 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886
Enteral services/ parental/ oral In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition and/or lipids and oral	Prior authorization is required for the codes listed. Clinical documentation and oral supplement certificate of medical necessity, as applicable, must accompany and establish medical necessity for this service request.	B4034 B4102 B4150 B4158 B9002	B4035 B4103 B4152 B4159 B9998	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
supplements	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. 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			
Enteral services/ parental/ oral (cont.)	(AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG. > Attachment A				
Experimental and 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	For member eye care services, please call Nationwide Vision at 480-961-1702.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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. To determine prior authorization requirements, please call LabCorp at 800-788-9743.	81265 81325 81405 81415 86353 88261 88267 88273 88283 88299 Biomarker Codes 81313	81302 81401 81406 81416 88245 88262 88269 88274 88285 81327	81321 81403 81407 81460 88248 88263 88271 88275 88289 81435	81323 81404 81408 81479 88249 88264 88272 88280 88291 81490
Hearing aids and services Hearing evaluations and hearing aids	For members younger than 21: Prior authorization is not required. For members 21 and older: Prior authorization is required.	V5014 V5248 V5267 V5245 V5261 V5100 V5254 V5050 V5251	V5060 V5252 V5030 V5249 V5298 V5242 V5258 V5120 V5255	V5190 V5256 V5095 V5253 V5010 V5246 V5262 V5243 V5259	V5244 V5260 V5230 V5257 V5040 V5250 V5011 V5247 V5263
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. Infusion services – prior authorization is not required.	G0299	G0300	S9123	S9124
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	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. 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.				
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
Injectable medications (cont.)		J0490 Beqvez J1414 Berinert® J0597 Bildyos Q5162 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 Evenity® J3111 Evkeeza® J1305 Eylea™ HD J0177 Fasenra™ J0517

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Fensolvi® J1951 Feraheme® Q0138 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 Jubbonti

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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 Nplate® J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Ocrevus® J2350 Ocrevus Zunovo J2351 Orencia® J0129 Omvoh™ J2267 Onpattro® J0222

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Osvyrti Q5166 Otulfi IV Q9999 Panzyga® J1576 Papzimeos J3404 Parsabiv® J0606 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® J0491 Scenesse®

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J7352 Selardsdi Q9998 Sevenfact™ J7212 Signifor LAR® J2502 Simponi Aria® J1602 Skyrizi® J2327 Sodium Hyaluronate J7320 J7324 J7325 J7326 J7327 J7329 J7331 J7332 Spevigo™ J1747 Starjemza Q5164 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
		Tyenne™ Q5135 Tzield™ 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 Yartemlea J1289 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Guidelines for Community Plan. *For unclassified and temporary codes C9094, C9149, C9157, C9166, C9167, C9168, C9399, J3490 and J3590, prior authorization is only required for Kebilidi, Revcovi, Rivfloza, Vabysmo			
Inpatient admission	Prior authorization is required for inpatient admissions including: • Behavioral/ substance abuse • Elective surgical with admission • Hospice • Long-term acute care/rehabilitation • Skilled nursing facilities Prior authorization is not required for emergency services.				
Inpatient – observation	Prior authorization is not required. Notification required if member is admitted for an inpatient stay. 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.				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization is required for the codes listed.	24360 27120 27134 27446 29866	24361 27125 27137 27447 29867	24362 27130 27138 27486 29868	24363 27132 27412 27487
Laboratory services	Prior authorization is required				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	CPT or HCPC codes and/or how to obtain prior authorization-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 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. For members younger than 21 with orthotic limitation: • 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	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	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	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	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	operating effectively For members 21 and older: AHCCCS orthotics coverage applies if: • The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines • The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition • The orthotic is ordered by a physician or primary care physician For members 21 and older with orthotic limitation: • 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	L5280 L5331 L5460 L5520 L5560 L5590 L5613 L5640 L5646 L5651 L5673 L5702 L5716 L5728 L5811 L5818 L5828 L5857 L5960 L5966 L5980 L5986 L5999 L6038 L6100 L6200 L6310 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6884 L6905 L6935 L6955 L6975 L7040 L7181 L7191 L8043	L5301 L5341 L5500 L5530 L5570 L5595 L5614 L5642 L5647 L5653 L5682 L5703 L5718 L5780 L5812 L5822 L5830 L5858 L5961 L5968 L5981 L5987 L6034 L6039 L6110 L6205 L6320 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6881 L6885 L6910 L6940 L6960 L7007 L7045 L7185 L7405 L8044	L5312 L5400 L5505 L5535 L5580 L5600 L5616 L5643 L5648 L5657 L5683 L5705 L5724 L5790 L5814 L5824 L5845 L5930 L5962 L5976 L5982 L5988 L6035 L6050 L6120 L6250 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6882 L6895 L6920 L6945 L6965 L7008 L7170 L7186 L8040 L8045	L5321 L5420 L5510 L5540 L5585 L5610 L5639 L5644 L5649 L5661 L5700 L5706 L5726 L5795 L5816 L5826 L5848 L5950 L5964 L5979 L5984 L5990 L6036 L6055 L6130 L6300 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6883 L6900 L6925 L6950 L6970 L7009 L7180 L7190 L8042 L8046

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
		L8047 L8612	L8499 L8631	L8609 L8659	L8610	
Out-of-state services	Benefit only approved when service is emergent or unavailable in Arizona.					
Out-of-network services	Prior authorization is 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 • Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits 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. • Prior authorization is required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits. Physical therapy – outpatient Prior authorization is NOT	97012 97022 97034 97113 97530 92507	97014 97026 97039 97116 97535 92508	97016 97028 97110 97124 97799 92526	97018 97033 97112 97140 G0283	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	required for outpatient physical therapy. Outpatient physical therapy services are: • Limited to 15 visits per benefit year, Oct. 1–Sept. 30, to help an individual acquire a new skill or level of function, and then maintain it Physical therapy – skilled nursing or custodial facility considered as inpatient. Services are covered when medically necessary and not subjected to outpatient benefits limitations. • 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	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs Service requests must include J codes and National Drug Codes for the medication requested. The following hemophilia factor/ biotech drugs are included on the prior authorization	90378 J0224 J0717 J1290 J1303 J1427 J1428 J1429 J1786 J2326 J2357 J2840 J3060 J3385 J3398 J3399 For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by: Phone: 800-310-6826 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

United Healthcare Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	list: • Aldurazyme® • Ceprotin™ • Cerezyme™ • Cimzia® • Cinryze • Elaprase® • Elelyso™ • Exondys 51® • Fabrazyme® • Juxtapid™ • Kalydeco™ • Kuvan™ • Kynamro™ • Lumizyme® • Myozyme™ • Orfadin™ • Soliris® • Spinraza™ • Synagis® • VPRIV™ • Xolair® • Zolgensma®	on the medication and use the attached service request form specific to that drug.
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 must accompany the prior authorization request form. For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at	59840 59841 59850 59851 59852 59855 59856 59857

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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.				
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 29806 29822 29826	 23472 29807 29823 29827	 23473 29819 29824 29828	 23474 29820 29825
Sinuplasty	Prior authorization is required for the codes listed.	31295	31296	31297	31298

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Skilled nursing facility services	Prior authorization is required. Separate prior authorization is required for outpatient services.				
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required for the codes listed.	21685	41599		42145
Spinal surgery	Prior authorization is required for the codes listed.	0098T 22100 22112 22210 22224 22513 22533 22556 22600 22633 22808 22819 22838 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	0656T 22101 22114 22212 22510 22514 22548 22558 22610 22800 22810 22830 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305	0657T 22102 22206 22214 22511 22515 22551 22590 22612 22802 22812 22836 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	0790T 22110 22207 22220 22512 22532 22554 22595 22630 22804 22818 22837 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307
Sterilization	Prior authorization is required for the codes listed.	52601 55250 58565 58615	52630 55801 58600 58670	52648 55821 58605 58671	52649 55831 58611 58700

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	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, 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.	For transplant and CAR T-Cell therapy services including Abecma, Aucatzyl, Breyanzi, Casgevy, Carvykti, Kymriah, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Waskyra, Yartemlea, Yescarta and Zevaskyn please call the

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request.	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* J1289 J3386 J3387 J3389 J3391 J3392 J3394 J3402 CAR-T cell therapy 0537T 0538T 0539T 0540T J3392 J9999 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 *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.
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease	Prior authorization is required for the codes listed.	36473 36475 36478 37700 37718 37722 37765 37766 37780

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
and varicose veins of the extremities		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization is required for the codes listed.	Please call the notification number on the back of the member's health plan ID card. 33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509
Wound vac	Prior authorization is required for the codes listed. A negative pressure wound therapy pump and supplies will be denied if one or more of the following are present: • 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