

Prior authorization requirements for Arizona Developmental Disabilities

Effective June 1, 2026

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Developmental Disabilities, providing inpatient and outpatient services.

Additional state variations and regulations may apply. To request prior authorization, please submit your request using one of the following:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **By phone:** Call **800-445-1638**

Please note

- To be eligible for prior authorization, services must be covered benefits as outlined and defined by the Arizona Health Care Cost Containment System (AHCCCS)
- Services provided by non-network health and out-of-state health care professionals require prior authorization and documentation supporting the out-of-network request
- Experimental and investigational services are not covered benefits
- All rendering health care professionals, facilities and vendors must be actively registered with AHCCCS
- Services delivered inside the multi-specialty interdisciplinary clinics to children’s rehabilitative services (CRS)-designated/CRS formerly designated members do not require prior authorization
- Only 1 health care professional may request services on a prior authorization request form
- Only medically necessary, cost-effective, federal- and state-reimbursable services are covered services, as outlined by AHCCCS

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Allergy immunotherapy	<p>For members younger than 21: Allergy immunotherapy and allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p>For members 21 and older: Allergy immunotherapy, including desensitization</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	<p>treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is not a covered benefit.</p> <p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none"> • Sustained an anaphylactic reaction to an unknown allergen • Exhibited such a severe allergic reaction where it's reasonable to assume further exposure to the unknown allergen may result in a life-threatening situation. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <p>Prior authorization is required for allergy testing when it meets the criteria above.</p>				
Augmentative and alternative communication	Prior authorization is required for the codes listed.	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
Bariatric surgery	Prior authorization is required for the codes listed.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	Prior authorization is required for inpatient	For a full list of Behavioral Health prior authorization requirements, please visit providerexpress.com Behavioral			

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

Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance	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
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Cardiovascular	Prior authorization is required.	93580
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Cerebral seizure monitoring – Inpatient video electroencephalogram	Prior authorization is required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.				

Chemotherapy	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code
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Circumcision	Routine circumcision is not a covered benefit. Prior authorization is required only for cases with	54150	54160	54161	54162
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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	documented medical necessity.				
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Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization is required for the codes listed.	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
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Continuous glucose monitor	Prior authorization is required with type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
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Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function. Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization is required for the codes listed.	11960 14061*	14020* 15823	14021* 15830	14041 15847
	Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966
	*Will NOT require prior auth when billed with skin cancer diagnoses				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Dental services	<p>For prior authorization requirements, please call UnitedHealthcare Dental at 855-812-9208.</p> <p>For more information, please review the AHCCCS Medical Policy Manual (AMPM) Chapter 300, Section 310, Policy 310-D1 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-D1.</p>				
Diabetic supplies	<p>Diabetic supplies are provided by the local pharmacy.</p> <p>Prior authorization for talking glucometers is available through the medical prior authorization process.</p>	<p>To locate contracted health care professionals or vendors, please visit UHCprovider.com/AZcommunityplan > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.</p>			
Durable medical equipment (DME)	<p>Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.</p>	<p>For services not covered by Preferred Homecare, please review the UnitedHealthcare Community Plan of Arizona Provider Manual for a list of contracted vendors related to DME products at UHCprovider.com/AZcommunityplan > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.</p>			
*Requires prior authorization regardless of dollar amount	<p>To request DME items, please call Preferred Homecare at 800-636-2123.</p>	E0194	E0265	E0266	E0270
		E0300	E0445	E0457	E0465
		E0466	E0483	E0486	E0620
	<p>These DME items are not covered by Preferred Homecare:</p>	E0636	E0638	E0641	E0642
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0766	E0784	E0984
	<ul style="list-style-type: none"> • Bone stimulators 	E0986	E1002	E1003	E1004
	<ul style="list-style-type: none"> • Diabetic supplies 	E1005	E1006	E1007	E1008
	<ul style="list-style-type: none"> • Enclosed beds 	E1009	E1010	E1030	E1035
	<ul style="list-style-type: none"> • Insulin pumps 	E1036	E1161	E1229	E1231
	<ul style="list-style-type: none"> • Percussion vests 	E1232	E1233	E1234	E1235
	<ul style="list-style-type: none"> • Specialty beds 	E1236	E1237	E1238	E1239
	<ul style="list-style-type: none"> • Wound vacs 	E1825	E2100	E2227	E2228

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
DME (cont.)	Prosthetics are not DME – see orthotics and prosthetics	E2230	E2298	E2301	E2322
		E2325	E2327	E2329	E2331
		E2351	E2373	E2510	E2511
		E2512	E2599	E2626	E2627
		E2628	E2629	E2630	E8000
		E8001	E8002	K0005	K0008
		K0013	K0108	K0800	K0801
		K0802	K0806	K0807	K0808
		K0812	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0836	K0837	K0838	K0839
		K0840	K0841	K0842	K0843
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
	K0890	K0891	S1040		

Enteral services/parenteral/oral
In-home nutritional therapy either enteral or through a gastrostomy tube, total parenteral nutrition (TPN) and/or lipids and oral supplements

To request services and/or supplies, please call Preferred Homecare at 800-636-2123.

Clinical documentation and oral supplement certificate of medical necessity, as applicable, must accompany and establish medical necessity for this service request.

For members younger than 21:
For more information, please review AHCCCS Medical Policy Manual (AMPM) Chapter 400, Section 430, Policy 430-10 at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10.

The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430-2.

For members 21 and older:
Please review AMPM Chapter 300, Policy 310-GG at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG.

The Certificate of Medical Necessity for Commercial Oral

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Nutritional Supplements can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.

Experimental or investigational (and/or linked services)	Prior authorization is required for all services considered experimental and/or investigational.	33477	36514	64722	66180
	For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > 320, Services With Special Circumstances > 320-B.	A4638	A9274	E1831	G0276
		G0293	G2000	S9988	S9990
		S9991	S9992	S9994	S9996

Eye care/optometry	Benefits provided for members younger than 21:	For member eye care services, please call Nationwide Vision at 480-961-1702.
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- 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

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 Bilydos Q5162 Bkemp 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 Brineura® J0567 Briumvi™ J2329 Cimerli™ Q5128 Cinqair® J2786 Conexence Q5158 Cosentyx IV J3247 Crysvida® J0584 Cutaquig® J1551 Daxxify® J0589 Elfabrio® J2508 Encelto J3403 Enjaymo™ J1302 Entyvio® J3380 Epysqli Q5151 Esperoct® J7204 Evenity® J3111 Evkeeza® J1305 Eylea™ HD J0177 Fasentra™ J0517 Fensolvi® J1951 Feraheme®	J0586	J0587	J0588	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Q0138				
	Firmagon®				
	J9155				
	Fynetra™				
	Q5130				
	Gamifant®				
	J9210				
	Gazyva				
	J9301				
	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	Hemlibra				
	J7170				
	Hemgenix™				
	J1411				
	Hypavzi				
	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				
	Q5136				
	Kisunla				
	J0175				
	Korsuva™				
	J0879				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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® J2350 Ocrevus Zunovo J2351 Octreotide Acetate J2354 Omvoh™

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J2267 Onpattro® J0222 Orencia® J0129 Otulfi IV Q9999 Panzyga® J1576 Papzimeos J3404 Parsabiv® J0606 Pavblu Q5147 PiaSky J1307 Pombiliti J1203 Prolia® J0897 Pyzchiva IV Q9997 Qalsody J1304 Radicava® J1301 Reblozyl® J0896 Releuko® Q5125 Remicade® J1745 Renflexis® Q5104 Riabni™ Q5123 Rituxan® J9312 Rituxan Hycela® J9311 Roctavian™ J1412

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Somatuline® Depot			
		J1930			
		Spevigo™			
		J1747			
		Stelara™			
		J3358			
		Steqeyma IV			
		Q5099			
		Stoboclo			
		Q5157			
		Sublocade™			
		Q9991	Q9992		
		Supprelin® LA			
		J9226			
		Syfovre™			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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			
		Tzield™			
		J9381			
		Unclassified codes**			
		C9094	C9149	C9157	C9166
		C9399	J3490	J3590	
		Uplizna®			
		J1823			
		Intravitreal Vascular Endothelial Growth Factor (VEGF)			
		J0178	J0179	J2777	J2778
		J2779	Q5124	Q5128	
		Veopoz™			
		J9376			
		Vimizim®			
		J1322			
		Vyepti®			
		J3032			
		Vyvgart®			
		J9332			
		Vyvgart® Hytrulo™			
		J9334			
		Wezlana IV			
		Q5138			

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

Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List. Predetermination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com/policies > For Community Plans > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

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

Inpatient admission and post-acute services Notification is required for admissions.

Inpatient admissions/post-acute services: Prior authorization and notification of admission date required for these facilities:

- Acute care hospitals
- Acute inpatient rehabilitation
- Long-term acute care hospitals
- Skilled nursing facilities

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
	21255	21296	21299		
Orthotics and prosthetics	Prior authorization is required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500. 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:	L0112 L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 L1730 L1831 L1840 L1847 L1950 L2010 L2036 L2106 L2350 L2628 L3671 L3740 L3901 L3971 L3999 L4350 L5010 L5100 L5200	L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1832 L1844 L1850 L1970 L2020 L2037 L2108 L2510 L3230 L3674 L3763 L3904 L3975 L4000 L4392 L5020 L5105 L5210	L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1820 L1834 L1845 L1860 L2000 L2030 L2038 L2126 L2526 L3265 L3720 L3764 L3905 L3976 L4010 L4394 L5050 L5150 L5220	L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1830 L1836 L1846 L1945 L2005 L2034 L2060 L2136 L2627 L3649 L3730 L3900 L3961 L3977 L4020 L4631 L5060 L5160 L5230

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 	L5250	L5270	L5280	L5301		
		L5312	L5321	L5331	L5341		
		L5400	L5420	L5460	L5500		
		L5505	L5510	L5520	L5530		
		L5535	L5540	L5560	L5570		
		<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 	L5580	L5585	L5590	L5595	
			L5600	L5610	L5613	L5614	
			L5616	L5639	L5640	L5642	
			L5643	L5644	L5646	L5647	
			L5648	L5649	L5651	L5653	
	L5661		L5673	L5682	L5683		
	<ul style="list-style-type: none"> The orthotic is ordered by a physician or primary care provider 		L5700	L5702	L5703	L5705	
			L5706	L5716	L5718	L5722	
			L5724	L5726	L5728	L5780	
			For members 21 and older with orthotic limitation:	L5790	L5795	L5811	L5812
		L5814		L5816	L5818	L5822	
		L5824		L5826	L5828	L5830	
		<ul style="list-style-type: none"> Reasonable repairs or adjustments of purchased orthotics are covered for all members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit 		L5845	L5848	L5857	L5858
				L5930	L5950	L5960	L5961
				L5962	L5964	L5966	L5968
				L5976	L5979	L5980	L5981
	L5982			L5984	L5986	L5987	
	L5988			L5990	L5999	L6050	
	L6055			L6100	L6110	L6120	
	L6130		L6200	L6205	L6250		
	L6300		L6310	L6320	L6350		
	The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively.		L6360	L6370	L6380	L6382	
		L6384	L6400	L6450	L6500		
		L6550	L6570	L6580	L6582		
		L6584	L6586	L6588	L6590		
		L6621	L6623	L6624	L6646		
		L6648	L6686	L6687	L6689		
		L6690	L6692	L6693	L6694		
		L6695	L6696	L6697	L6704		
		L6707	L6708	L6709	L6711		
		L6712	L6713	L6714	L6881		
	L6882	L6883	L6884	L6885			
	L6895	L6900	L6905	L6910			
	L6915	L6920	L6925	L6930			
	L6935	L6940	L6945	L6950			
L6955	L6960	L6965	L6970				
L6975	L7007	L7008	L7009				
L7040	L7045	L7170	L7180				
L7181	L7185	L7186	L7190				
L7191	L7405	L8040	L8042				
L8043	L8044	L8045	L8046				

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-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 Pharmacy Resources & Physician Administered Drugs > Pharmacy Prior Authorization">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			

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

Phone: 800-310-6826

Fax forms are available at UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs > Pharmacy Prior Authorization > Pharmacy Prior Authorization Forms. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.

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

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

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

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

Potentially unproven services	Prior authorization is required.	33289		C2624	
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Pregnancy termination	Prior authorization is required for the codes listed.	59840 59852	59841 59855	59850 59856	59851 59857
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Prior authorization includes Mifepristone, Mifeprex® or RU-486.

Clinical documentation and the certificate of medical necessity for pregnancy termination must accompany the prior authorization request form.

For more information, please review AMPM Chapter 400, Section 410, Section E Pregnancy Termination at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 410, Maternity Care Services > Section E Pregnancy Termination.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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		
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Prostate procedures	Prior authorization is required.	37243 53852	52441 55873	52442 55874	53850
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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
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Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear cardiology procedures 	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/AZcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p>			
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Rhinoplasty and septoplasty Treatment of	Prior authorization is required for the codes listed.	30400 30435 30465	30410 30450	30420 30460	30430 30462
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
nasal functional impairment and septal deviation					
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.	Auditory system 69205			
		Cardiovascular system 36590 36832			
	Prior authorization is not required if performed at a participating ambulatory surgery center.	Carpal tunnel surgery 64721			
		Cataract surgery 66821 66982 66984			
		Colonoscopy 45378 45380 45384 45385			
		Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931			
		Digestive system 42415 42440 43200 43236 43237 43238 43242 43245 43246 43247 43248 43251 43254 43255 43259 44360 44361 45171 45334 45335 45381 45390 45990 46020 46040 46050 46200 46220 46221 46250 46255 46261 46270 46275 46288 46505 46750 46910 46946			
		ENT procedures 21320 30140 30520 69436 69631			
		Eye and ocular adnexa 65710 65820 66250 66710 66711 66825 66986 66987 66988 67010 67041 67042 67105 67108 67113 67840			

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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		22224	22510	22511	22512
		22513	22515	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0098T	22514*	

*SOS applies

Sterilization	Prior authorization is required.	52601	52630	52648	52649
		55250	55801	55821	55831
		58600	58605	58611	58615
		58670	58671	58700	
		Any member requesting sterilization must sign an appropriate consent for sterilization form.			
For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Section E Sterilization. The Consent to Sterilization form can be found at azahcccs.gov > Resources > Guides-Manuals-Policies >					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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			
		Neurostimulator 43648 43882 61863 61864 61867 61868 61885 61886 63650 63655 63685 64553 64555 64568 64570 64590 L8680 L8682 L8685 L8686 L8687 L8688			
Transplant services	Prior authorization is required for the codes listed.	For transplant and CAR T-Cell therapy services including Abecma, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartus, Tecelra, Yescarta and Zevaskyn please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.			
	Clinical documentation to support the need for transplants must accompany and establish medical necessity for service request.	32850 32851 32852 32853 32854 32855 32856 33930 33933 33935 33940 33944 33945 38208 38209 38210 38212 38213 38214 38215 38240 38241 38242 44132 44133 44135 44136 44137 44715 44720 44721 47133 47135 47140 47141 47142 47143 47144 47145 47146 47147 48551 48552 48554 50300 50320 50323 50325 50340 50360 50365 50370 50547 38232* J3387 J3389 J3391 J3392 J3394 J3402			
		CAR T-cell therapy: J9999 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058			
		*Code 38232 will only require prior authorization for an oncology diagnosis.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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 and varicose veins of the extremities	Prior authorization is required for the codes listed.	36473 37718 37780	36475 37722	36478 37765	37700 37766
Ventricular assist devices	Prior authorization is required for the codes listed.	Please call the notification number on the back of the member's health plan ID card.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509
Wound vac	Prior authorization is required for the codes listed.	E2402			