

Prior authorization requirements for Arizona Long Term Care

Effective October 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	

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 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
Bariatric surgery	Prior authorization is required for the codes listed.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	Prior authorization is required for inpatient admissions. Prior authorization is required for outpatient services listed.	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	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	20979	Q5136	Q5157
		Q5158	Q5159		
Colony Stimulating Factors Q5148					
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	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
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			
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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	33477	36514	64722	66180
	considered experimental	A4638	A9274	E1831	G0276
	and/or investigational.	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: For member eye care services, please call Nationwide Vision at 480-961-1702.

- 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

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	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 Avlayah J1757 Avsola® Q5121 Avtozma			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Q5156			
		Benlysta™			
		J0490			
		Beqvez			
		J1414			
		Berinert®			
		J0597			
		Bildyos			
		Q5162			
		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			
		Evenity®			
		J3111			
		Exdensur			
		J2361			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Evkeeza® J1305 Eylea™ HD J0177 Fasenra™ J0517 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 Hymovis J7172 Ilaris® J0638 Ilumya™ J3245 Imaavy J9256 Imuldosa IV Q5098 Inflectra™ Q5103 Injectafer® J1439 Itvisma J3405 IVIG

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1459	J1552	J1553	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
	Izervay™				
	J2782				
	Jubbonti				
	Q5136				
	Kisunla				
	J0175				
	Korsuva™				
	J0879				
	Krystexxa®				
	J2507				
	Lamzede®				
	J0217				
	Lemtrada™				
	J0202				
	Leqembi				
	J0174				
	Leqvio®				
	J1306				
	Loargys				
	J1818				
	Lutrate Depot				
	J1954				
	Mepsevii®				
	J3397				
	Monoferic®				
	J1437				
	Nexvazyme®				
	J0219				
	Nglazyme				
	J1458				
	Nplate®				
	J2802				
	Nucala®				
	J2182				
	Nulibry				
	J1809				
	Nypozi				
	Q5148				
	Ocrevus®				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J2350 Ocrevus Zunovo
		J2351 Orencia®
		J0129 Omvoh™
		J2267 Onpattro®
		J0222 Ospomyv
		Q5169 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Roctavian™			
		J1412			
		Ruconest®			
		J0596			
		Ryplazim®			
		J2998			
		Rystiggo™			
		J9333			
		Saphnelo®			
		J0491			
		Scenesse®			
		J7352			
		Selardsdi			
		Q9998			
		Sevenfact™			
		J7212			
		Signifor LAR®			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7324	J7325	J7326
		J7327	J7329	J7331	J7332
		Spevigo™			
		J1747			
		Starjemza			
		Q5164			
		Stelara™			
		J3358			
		Steqeyma IV			
		Q5099			
		Stoboclo			
		Q5157			
		Sublocade™			
		Q9991	Q9992		
		Syfovre™			
		J2781			
		Synagis®			
		90378			
		Tepezza®			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J3241			
		Tezspire™			
		J2356			
		Therapeutic Radiopharmaceuticals			
		A9615			
		Tofidence™			
		Q5133			
		Tremfya IV			
		J1628			
		Triptodur®			
		J3316			
		Tyenne™			
		Q5135			
		Tzielid™			
		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			

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	hospital or to order outpatient diagnostic tests or treatments.				
Joint replacement	Prior authorization is required for the codes listed.	24360	24361	24362	24363
Joint, total hip and knee replacement procedures		27120	27125	27130	27132
		27134	27137	27138	27412
		27446	27447	27486	27487
		29866	29867	29868	
Laboratory services	Prior authorization is required				
	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	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.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
	For members younger than 21 with orthotic limitation:	L1310	L1499	L1680	L1685
	• Reasonable repairs or adjustments of purchased orthotics are covered for all	L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
		L1836	L1840	L1844	L1845
		L1847	L1860	L1945	L1950

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	members to make the orthotic serviceable and/or when the repair cost is less than purchasing another unit	L2000	L2005	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2526	L2627
		L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730
	• The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively	L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5270
		L5280	L5301	L5312	L5321
		L5331	L5341	L5400	L5420
	For members 21 and older: AHCCCS orthotics coverage applies if:	L5460	L5500	L5505	L5510
		L5520	L5530	L5535	L5540
	• The use of the orthotic is medically necessary as the preferred treatment option consistent with Medicare guidelines	L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5610
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5646	L5647	L5648	L5649
		L5651	L5653	L5657	L5661
	• The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition	L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5724	L5726
		L5728	L5780	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
	• The orthotic is ordered by a physician or primary care physician	L5828	L5830	L5845	L5848
		L5857	L5858	L5930	L5950
		L5960	L5961	L5962	L5964
		L5966	L5968	L5976	L5979
		L5980	L5981	L5982	L5984
	For members 21 and older with orthotic limitation:	L5986	L5987	L5988	L5990
	• 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	L5999	L6034	L6035	L6036
		L6038	L6039	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
	• The component will be replaced if, at the time	L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	authorization is requested, documentation is provided to establish the component isn't operating effectively	L6693 L6697 L6709 L6714 L6884 L6905 L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8047 L8612	L6694 L6704 L6711 L6881 L6885 L6910 L6940 L6960 L7007 L7045 L7185 L7405 L8044 L8499 L8631	L6695 L6707 L6712 L6882 L6895 L6920 L6945 L6965 L7008 L7170 L7186 L8040 L8045 L8609 L8659	L6696 L6708 L6713 L6883 L6900 L6925 L6950 L6970 L7009 L7180 L7190 L8042 L8046 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 younger: Occupational, physical and speech therapy are covered when medically necessary. No annual benefit limit for occupational and speech therapy	97012 97022 97034 97113 97530	97014 97026 97039 97116 97535	97016 97028 97110 97124 97799	97018 97033 97112 97140 G0283
	• 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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	reviewed for medical necessity. 92507 92508 92526 • 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 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/AZcom	90378	J0224 J1303 J1786 J3060	J0717 J1427 J2326 J3385	J1290 J1428 J2357 J3398

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	communityplan > 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 list: • Aldurazyme® • Ceprotin™ • Cerezyme™ • Cimzia® • Cinryze • Elaprase® • Elelyso™ • Exondys 51® • Fabrazyme® • Juxtapid™ • Kalydeco™ • Kuvan™ • Kynamro™ • Lumizyme® • Myozyme™ • Orfadin™ • Soliris® • Spinraza™ • Synagis® • VPRIV™ • Xolair® • Zolgensma®	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 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.	59840 59852	59841 59855	59850 59856	59851 59857

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 23472 23473 23474 29806 29807 29819 29820 29822 29823 29824 29825 29826 29827 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 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	0656T 22101 22114 22212 22510 22514 22548 22558 22610 22800 22810 22830 22849 22856 63003 63015 63030	0657T 22102 22206 22214 22511 22515 22551 22590 22612 22802 22812 22836 22850 22861 63005 63016 63040	0790T 22110 22207 22220 22512 22532 22554 22595 22630 22804 22818 22837 22852 22899 63011 63017 63042

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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
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, Waskyra, Yartemlea, Yescarta and Zevaskyn please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38240	38241	38242	44132
		44133	44135	44136	44137
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
**Amtagvi, Kresladi, 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	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 heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization is required for the codes listed. 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	E2402			

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