

# Prior authorization requirements

## for Arizona Long Term Care

### Effective February 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](http://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.	<p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p> <ul style="list-style-type: none"> <li>• Sustained an anaphylactic reaction to an unknown allergen</li> <li>• 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.</li> </ul> <p>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.</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 admissions.	For a full list of Behavioral Health prior authorization requirements, please visit Behavioral Health Prior Authorization Code List by State			
Prior authorization is required for outpatient services listed.					
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							
<b>Breast cancer genetic testing</b>	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		
<b>Breast reconstruction (non-mastectomy)</b> 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		
<b>Cancer Supportive Care</b>	Prior authorization is required	J1434  Colony Stimulating Factors Q5148		20979			
<b>Cardiovascular</b>	Prior authorization is required.	93580	DX Not Req PA				
E08.52 E13.52 I70.228 I70.233 I70.239 I70.244 I70.25 I70.268 I70.323 I70.333 I70.339 I70.344 I70.35 I70.369 I70.428 I70.433 I70.439 I70.444 I70.461 I70.469					E09.52 I70.221 I70.229 I70.234 I70.241 I70.245 I70.261 I70.269 I70.329 I70.334 I70.341 I70.345 I70.361 I70.421 I70.429 I70.434 I70.441 I70.445 I70.462 I70.521	E10.52 I70.222 I70.231 I70.235 I70.242 I70.248 I70.262 I70.321 I70.331 I70.335 I70.342 I70.348 I70.362 I70.422 I70.431 I70.435 I70.442 I70.448 I70.463 I70.522	E11.52 I70.223 I70.232 I70.238 I70.243 I70.249 I70.263 I70.322 I70.332 I70.338 I70.343 I70.349 I70.363 I70.423 I70.432 I70.438 I70.443 I70.449 I70.468 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	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
<b>Cerebral seizure monitoring - inpatient video electroencephalogram</b>	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
<b>Circumcision</b>	Routine circumcision is not a covered benefit.  Prior authorization is required only for cases with documented medical necessity.	54150	54160	54161	54162
<b>Cochlear and other auditory implants</b>  A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	For members older than 21:  Prior authorization is required for the codes listed.	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
<b>Continuous glucose monitor</b>	Prior authorization is required with type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
<b>Cosmetic and reconstructive procedures</b>  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	21275
		21230	21235	21256	21270	21740
		21280	21282	21295	67903	67909
		21742	21743	28344	30620	67915
		67900	67901	67902	67922	67961
		67904	67906	67908	67921	67966
		67911	67912	67914	67915	67966
		67916	67917	67921	67922	67966
		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				
<b>Dental services</b>	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 <a href="http://azahcccs.gov/">azahcccs.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300: Medical Policy for Covered Services > 310, Covered Services > 310-D2.					
<b>Diabetic supplies</b>	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 <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > Member Handbooks, Current Medical Plans, ID Cards, Provider Directories, Dental & Vision Plans Information.				
<b>Durable medical equipment (DME)</b>	Prior authorization is required for the codes listed with a retail purchase	E0193	E0194	E0265	E0266	E0302
		E0270	E0277	E0300	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
		E0700	E0710	E0745	E0766
	Arizona Long Term Care will review Medicare denials of DME. Clinical documentation and a copy of the denial must	E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
	accompany and establish medical necessity for the service request.	E1030	E1035	E1036	E1161
	Prosthetics are not DME – see orthotics and prosthetics.	E1229	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		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	
<b>Enteral services/parental/oral</b>	Prior authorization is required for the codes listed.	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
supplements	<p>For members younger than 21:</p> <p>For more information, please review AMPM Chapter 400, Section 430, Policy 430-10 at <a href="http://azahcccs.gov">azahcccs.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 430, EPSDT Services &gt; 430-10.</p>	<p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <a href="http://azahcccs.gov">azahcccs.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 400, Medical Policy for Maternal and Child Health &gt; 430-2.</p>
	<p>For members 21 and older:</p> <p>Please review AMPM Chapter 300, Policy 310-GG at <a href="http://azahcccs.gov">azahcccs.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; 310, Covered Services &gt; 310-GG.</p> <p>The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at <a href="http://azahcccs.gov">azahcccs.gov</a> &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Enteral services/ parental/ oral (cont.)</b>	(AMPM) > Chapter 300, Medical Policy for Covered Services > 310, Covered Services > 310-GG. > Attachment A					
<b>Experimental and investigational (and/or linked services)</b>	<p>Prior authorization is required for all services considered experimental and/or investigational.</p> <p>For more information, please refer to AMPM Chapter 300, Section 320, Policy 320-B at azahcccs.gov &gt; Resources &gt; Guides-Manuals-Policies &gt; AHCCCS Medical Policy Manual (AMPM) &gt; Chapter 300, Medical Policy for Covered Services &gt; 320, Services With Special Circumstances &gt; 320-B.</p>	33477 A4638 G0293 S9991	36514 A9274 G2000 S9992	64722 E1831 S9988 S9994	66180 G0276 S9990 S9996	
<b>Eye care/optometry</b>	<p>Benefits provided for members younger than 21:</p> <ul style="list-style-type: none"> <li>One routine eye exam every 12 months</li> <li>Regular single vision bifocal or trifocal polycarbonate lenses</li> <li>Frame for up to \$79.99 retail price</li> <li>One replacement pair of glasses if lost, stolen or damaged</li> <li>Members may pay the difference for a more expensive pair of glasses, but must sign a waiver provided by Nationwide Vision.</li> </ul> <p>For members 21 and older:</p> <p>Prior authorization is required when medically necessary to diagnose or</p>	<p>For member eye care services, please call Nationwide Vision at 480-961-1702.</p>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	treat diseases and conditions of the eye.				
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization is required for the codes listed.	29914	29915	29916	
<b>Functional endoscopic sinus surgery</b>	Prior authorization is required for the codes listed.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic testing</b>	Prior authorization is required for services not covered by LabCorp.	81265	81302	81321	81323
		81325	81401	81403	81404
		81405	81406	81407	81408
		81415	81416	81460	81479
	To determine prior authorization requirements, please call LabCorp at 800-788-9743.	86353	88245	88248	88249
		88261	88262	88263	88264
		88267	88269	88271	88272
		88273	88274	88275	88280
		88283	88285	88289	88291
		88299			
		Biomarker Codes			
		81313	81327	81435	81490
<b>Hearing aids and services</b>	For members younger than 21:	V5014	V5060	V5190	V5244
		V5248	V5252	V5256	V5260
<b>Hearing evaluations and hearing aids</b>	Prior authorization is not required.	V5267	V5030	V5095	V5230
		V5245	V5249	V5253	V5257
	For members 21 and older:	V5261	V5298	V5010	V5040
	Prior authorization is required.	V5100	V5242	V5246	V5250
		V5254	V5258	V5262	V5011
		V5050	V5120	V5243	V5247
		V5251	V5255	V5259	V5263
<b>Home- and community-based services</b>	Prior authorization is required.				
<b>Home health care</b>	Prior authorization is required for the codes listed.				
	Infusion services – prior authorization is not required.				
<b>Hospice</b>	Prior authorization is required for the codes				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	listed.	request.				
<b>Hysterectomy</b>	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	
<b>Incontinence supplies</b>	<p>For members younger than 21:</p> <p>Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are greater than 240 per month.</p> <p>For members 21 and older:</p> <p>Prior authorization is required for incontinence briefs and diapers, including pull-ups, when requests are greater than 180 per month.</p>					
<b>Injectable medications</b>	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
<b>Injectable medications (cont.)</b>		J0490 Beqvez J1414 Berinert® J0597 Bkemv Q5152 Botulinum toxins J0585                    J0586                    J0587                    J0588 Brineura® J0567 Briumvi™ J2329 Cimerli™ Q5128 Cinqair® J2786 Conexxence Q5158 Cosentyx™ IV J3247 Crysvita® J0584 Cutaquig® J1551 Daxxify® J0589 Elfabrio® J2508 Encelto J3403 Enjaymo™ J1302 Entyvio® J3380 Epysqli Q5151 Esperoct® J7204 Evenity® J3111 Evkeeza® J1305

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		<p>Eylea™ HD J0177 Fasenra™ J0517 Fensolvi® J1951 Feraheme® Q0138 Gamifant® J9210 Givlaari® J0223 Glassia® J0257 Hemlibra J7170 Hemgenix™ J1411 Hympavzi J7172 Ilaris® J0638 Illumya™ J3245 Imuldosa IV Q5098 Inflectra™ Q5103 Injectafer® J1439 IVIG J1459    J1552    J1554    J1555 J1556    J1557    J1559    J1561 J1566    J1568    J1569    J1572 J1575    J1599 Izervay™ J2782 Jubbonti Q5136 Kisunla J0175 Korsuva™ J0879 Krystexxa®</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J2507 Lamzede® J0217 Lemtrada™ J0202 Leqembi J0174 Leqvio® J1306 Lutrate Depot J1954 Mepsevii® J3397 Monoferric® J1437 Nexviazyme® J0219 Nglazyme J1458 Niktimvo J9038 Nplate® J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Ocrevus® J2350 Ocrevus Zunovo J2351 Orencia® J0129 Omvoh™ J2267 Onpattro® J0222 Otulfi IV Q9999 Panzyga® J1576

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Parsabiv®
		J0606
		Pavblu
		Q5147
		PiaSky
		J1307
		Pombiliti™
		J1203
		Prolia®
		J0897
		Pyzchiva IV
		Q9997
		Qalsody™
		J1304
		Radicava®
		J1301
		Reblozyl®
		J0896
		Releuko
		Q5125
		Remicade®
		J1745
		Renflexis®
		Q5104
		Riabni™
		Q5123
		Roctavian™
		J1412
		Ruconest®
		J0596
		Ryplazim®
		J2998
		Rystiggo™
		J9333
		Saphnelo®
		J0491
		Scenesse®
		J7352
		Selardsdi
		Q9998
		Sevenfact™
		J7212
		Signifor LAR®

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Spevigo™			
		J1747			
		Spravato			
		J0013			
		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			
		Tyenne™			
		Q5135			
		Tziield™			
		J9381			
		Unclassified codes*			
		C9094	C9149	C9157	C9166

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		C9399	J3490	J3590	
	Uplizna®				
	J1823				
	Intravitreal Vascular Endothelial Growth Factor				
	J0178	J0179	J2777	J2778	
	J2779	Q5124	Q5128		
	Wezlana IV				
	Q5138				
	Veopoz™				
	J9376				
	Vimizim®				
	J1322				
	Vyepti®				
	J3032				
	Vyvgart®				
	J9332				
	Vyvgart® Hytrulo™				
	J9334				
	Xembify™				
	J1558				
	Xenpozyme™				
	J0218				
	Yesintek IV				
	Q5100				
	Zymfentra				
	J1748				
	Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration and included on our Review at Launch Medication List. Predetermination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at <a href="http://UHCprovider.com/policies">UHCprovider.com/policies</a> > 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, Revcov, Rivfloza, Starjemza, Vabysmo				

Inpatient admission	Prior authorization is required for inpatient
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Inpatient - observation</b>	<p>admissions including:</p> <ul style="list-style-type: none"> <li>• Behavioral/ substance abuse</li> <li>• Elective surgical with admission</li> <li>• Hospice</li> <li>• Long-term acute care/rehabilitation</li> <li>• Skilled nursing facilities</li> </ul> <p>Prior authorization is not required for emergency services.</p> <p>Prior authorization is not required.</p> <p>Notification required if member is admitted for an inpatient stay.</p> <p>Observation must be ordered in writing by a physician, or other individual authorized by hospital staff bylaws, to admit patients to the hospital or to order outpatient diagnostic tests or treatments.</p>					
<b>Joint replacement</b>	Prior authorization is required for the codes listed.	24360	24361	24362	24363	
Joint, total hip and knee replacement procedures		24370	24371	27120	27125	
		27130	27132	27134	27137	
		27138	27412	27446	27447	
		27486	27487	29866	29867	
		29868				
<b>Laboratory services</b>	Prior authorization is not required. If you have questions, please call LabCorp at 800-788-9743.					
<b>Nonemergent air ambulance transport</b>	Prior authorization is required for the codes listed.	A0430	A0431	A0435	A0436	
<b>Orthognathic surgery</b>	Prior authorization is required for the codes listed.	21121	21123	21125	21127	
		21141	21142	21143	21145	
		21146	21147	21150	21151	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
maxillofacial/jaw functional impairment		21154 21188 21196 21208 21240 21246 21255	21155 21193 21198 21209 21242 21247 21296	21159 21194 21199 21210 21244 21248 21299	21160 21195 21206 21215 21245 21249
<b>Orthotics and prosthetics</b>	Prior authorization is required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500.	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1720 • 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	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1730 L1830 L1836 L1847 L2000 L2034 L2060 L2136 L2628 L3671 L3740 L3901 L3976 L4010 L5020 L5105 L5210 L5280 L5331 For members 21 and older: AHCCCS orthotics coverage applies if:	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1755 L1832 L1844 L1945 L2020 L2037 L2108 L2526 L3265 L3720 L3764 L3905 L3999 L4631 L5060 L5160 L5230 L5312 L5400 L5505 L5535 L5580 L5585 L5600 L5616 L5643 L5648 L5661 L5700	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1820 L1834 L1845 L1950 L2030 L2038 L2126 L2627 L3649 L3730 L3900 L3961 L4000 L5010 L5100 L5200 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5639 L5644 L5649 L5673 L5702
	For members younger than 21 with orthotic limitation: • The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively	L1831 L1840 L1860 L2005 L2036 L2106 L2350 L3230 L3674 L3763 L3904 L3977 L4020 L5050 L5150 L5220 L5301 L5341 L5500 L5530 L5570 L5595 L5614 L5642 L5647 L5653 L5683			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Orthotics and prosthetics (cont.)</b>	<ul style="list-style-type: none"> <li>The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition</li> <li>The orthotic is ordered by a physician or primary care physician</li> </ul> <p>For members 21 and older with orthotic limitation:</p> <ul style="list-style-type: none"> <li>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</li> <li>The component will be replaced if, at the time authorization is requested, documentation is provided to establish the component isn't operating effectively</li> </ul>	L5703 L5718 L5780 L5812 L5822 L5830 L5858 L5961 L5968 L5981 L5987 L6000 L6100 L6200 L6310 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6884 L6905 L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8047 L8612	L5705 L5724 L5790 L5814 L5824 L5845 L5930 L5962 L5976 L5982 L5988 L6020 L6110 L6205 L6320 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6881 L6885 L6910 L6940 L6960 L7007 L7045 L7185 L7405 L8044 L8499 L8631	L5706 L5726 L5795 L5816 L5826 L5848 L5950 L5964 L5979 L5984 L5990 L6050 L6120 L6250 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6882 L6895 L6920 L6945 L6965 L7008 L7170 L7186 L8040 L8045 L8609 L8659		L5716 L5728 L5811 L5818 L5857 L5960 L5966 L5980 L5986 L5999 L6055 L6130 L6300 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6883 L6900 L6925 L6950 L6970 L7009 L7180 L7190 L8042 L8046 L8610
<b>Out-of-state services</b>	Benefit only approved when service is emergent or unavailable in Arizona.					
<b>Out-of-network services</b>	Prior authorization is required for all out-of-network services.					
<b>Outpatient therapy – occupational, physical and</b>	For members older than 21: Occupational, physical and speech therapy are covered	97012 97022 97034	97014 97026 97039	97016 97028 97110	97018 97033 97112	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>speech therapy</b>	when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity. <ul style="list-style-type: none"> <li>Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul> <p>For members 21 and older: Occupational/speech therapy</p> <p>Prior authorization is required for occupational and speech therapy.</p> <p>Services are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity.</p> <ul style="list-style-type: none"> <li>Prior authorization is required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits.</li> </ul> <p>Physical therapy - outpatient</p> <p>Prior authorization is NOT required for outpatient physical therapy.</p> <p>Outpatient physical therapy services are:</p> <ul style="list-style-type: none"> <li>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</li> </ul>	97113 97530 G0283	97116 97535	97124 97799	97140 G0281

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	<p>Physical therapy – skilled nursing or custodial facility considered as inpatient.</p> <p>Services are covered when medically necessary and not subjected to outpatient benefits limitations.</p> <ul style="list-style-type: none"> <li>Prior authorization is required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits.</li> </ul>					
<b>Pain injections and management</b>	Prior authorization is required.	64490	64493			
<b>Pharmacy drugs</b>	<p>A list of medications requiring prior authorization is available at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Pharmacy Resources and Physician Administered Drugs. Service requests must include J codes and National Drug Codes for the medication requested.</p> <p>The following hemophilia factor/biotech drugs are included on the prior authorization list:</p> <ul style="list-style-type: none"> <li>Aldurazyme®</li> <li>Ceprotin™</li> <li>Cerezyme™</li> <li>Cimzia®</li> <li>Cinryze</li> <li>Elaprase®</li> <li>Elelyso™</li> <li>Exondys 51®</li> <li>Fabrazyme®</li> <li>Juxtapid™</li> <li>Kalydeco™</li> </ul>	90378 J1299 J1429 J2840 J3399	J0224 J1303 J1786 J3060	J0717 J1427 J2326 J3385	J1290 J1428 J2357 J3398	
	<p>For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by:</p> <p>Phone: 800-310-6826 Fax: 866-940-7328</p> <p>For specialty pharmacy prior authorization, please fax 866-940-7328.</p> <p>Fax forms are available at <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Arizona &gt; Pharmacy Program &gt; Pharmacy Prior Authorization Forms &gt; Specialty Medication Prior Authorization Cover Sheet. For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.</p>					

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
	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.					
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850	
<b>Proton beam therapy</b>	Prior authorization required for the codes listed	77520	77522	77523	77525	
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge						
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization is required for the codes listed.	30400	30410	30420	30430	
		30435	30450	30460	30462	
		30465				
<b>Shoulder surgery</b>	Prior authorization is required for the codes listed.	23470	23472	23473	23474	
		29805	29806	29807	29819	
		29820	29822	29823	29824	
		29825	29826	29827	29828	
<b>Sinuplasty</b>	Prior authorization is required for the codes listed.	31295	31296	31297	31298	
<b>Skilled nursing facility services</b>	Prior authorization is required.					
	Separate prior authorization is required for outpatient services.					
<b>Sleep apnea procedures and surgeries</b>	Prior authorization is required for the codes listed.	21685	41599			42145
Maxillomandibular advancement and oral-pharyngeal tissue reduction for						

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
treating obstructive sleep apnea					
<b>Spinal surgery</b>	Prior authorization is required for the codes listed.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22590	22595
		22600	22610	22612	22630
		22633	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22849	22850
		22852	22855	22856	22861
		22899	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63045	63046	63047
		63050	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63185
		63190	63191	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	0098T	
<b>Sterilization</b>	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:				

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 > 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.					
<b>Stimulators</b> 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		
<b>Transplant services</b>	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, Yescarta and Zevalskyn 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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		50300	50320	50323	50325
		50340	50360	50365	50370
		50547	38232*	J3387	J3389
		J3391	J3392	J3394	J3402
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		J3392	J9999	Q2041	Q2042
		Q2053	Q2054	Q2055	Q2056
		Q2057	Q2058		
		<p>*Code 38232 will only require prior authorization for an oncology diagnosis</p> <p>Temporary and Unclassified codes**:</p> <p>C9399                    J3490                    J3590</p> <p>**Amitagvi, Lantidra</p>			
<b>Transportation</b>	Transportation Prior authorization is required for nonemergent taxi and stretcher van	To schedule transportation, please call Medical Transportation Management at 888-700-6822.			
<b>Vein procedures</b>		36473	36475	36478	37700
		37718	37722	37765	37766
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.	37780			
<b>Ventricular assist devices (VAD)</b>	Prior authorization is required for the codes listed.	<p>Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.</p>			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization is required for the codes	E2402			

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