

Prior authorization requirements for Arizona Complete Health Medicaid effective February 1, 2026

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Arizona Complete Care (ACC) Medicaid program providing inpatient and outpatient services.

To request prior authorization, please submit your request using 1 of the following:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To access the portal, go to [UHCprovider.com](https://uhcprovider.com) and click Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **Phone:** 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 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 (MSIC) 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, federally- 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:	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Allergy immunotherapy (cont.)	Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another 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	For members with serious mental illness (SMI): Behavioral health services are available through the	For a full list of behavioral health prior authorization requirements, please visit providerexpress.com Behavioral Health Prior Authorization Code List by State (providerexpress.com)			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Regional Behavioral Health Authority (RBHA) program. For assistance call 800-348-4058.				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required for the codes listed.	20975	20979	E0760	
Breast cancer (BRCA) genetic testing	Prior authorization is required for the codes listed.	81162 81166 81217	81163 81212 81432	81164 81215	81165 81216
	Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.				
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization is required for the codes listed.	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600
Cancer supportive services	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis.	Injectable colony-stimulating factor drugs that require prior authorization:			
		J0897 J2506 Q5110 Q5125	J1442 J2820 Q5111	J1447 Q5101 Q5120	J1448 Q5108 Q5122
		Colony Stimulating Factors			
		J1449		Q5148	
		Erythropoiesis Stimulating Agents			
		J0885			
		For prior authorization, please submit requests online by using 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. Or, you can call 888-397-8129.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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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.	93590
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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
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)	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
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: • 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 For prior authorization, please submit requests online by using 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. Or, you can call 888-397-8129.			
Circumcision	Routine circumcision is not a covered benefit. Prior authorization required only for cases with documented medical necessity.	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive surgery That changes or improves physical appearance without significantly improving or restoring physiological function	Prior authorization is required for the codes listed.	11960	14020*	14021*	14041
		14061*	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
	Services or items furnished solely for cosmetic purposes are excluded from AHCCCS coverage.	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
		*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.				
Diabetic supplies	Diabetic supplies are provided by the local pharmacy.	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.			
	Prior authorization for talking glucometers is available through the medical prior authorization process.				
Durable medical equipment (DME)	To request DME items, please call Preferred Homecare at 800-636-2123.	For services not covered by Preferred Homecare, please review UnitedHealthcare Community Plan's 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.			
	Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	E0194	E0265	E0266	E0270
		E0300	E0445	E0457	E0465
		E0466	E0483	E0486	E0620
		E0636	E0638	E0641	E0642
	These DME items are not	E0656	E0669	E0670	E0675

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	covered by Preferred Homecare:	E0693	E0694	E0700	E0710
		E0745	E0766	E0784	E0984
	• Bone stimulators	E0986	E1002	E1003	E1004
	• Diabetic supplies	E1005	E1006	E1007	E1008
	• Enclosed beds	E1009	E1010	E1030	E1035
	• Insulin pumps	E1036	E1161	E1229	E1231
	• Percussion vests	E1232	E1233	E1234	E1235
	• Specialty beds	E1236	E1237	E1238	E1239
	• Wound vacs	E1825	E2100	E2227	E2228
		E2230	E2298	E2301	E2322
	Prosthetics are not DME — see orthotics and prosthetics.	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 the 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.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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 (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.

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

Eye care/optometry	Benefits provided for members younger than 21:	For member eye care services, please call Nationwide Vision at 480-961-1702.
	• 1 routine eye exam every 12 months • Regular single vision bifocal or trifocal polycarbonate lenses • Frame for up to \$79.99 retail price • 1 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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	waiver provided by Nationwide Vision				
	For members 21 and older: Prior authorization is required when medically necessary to diagnose or 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 (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. To determine prior authorization requirements, please call Labcorp at 800-788-9743.	81265 81325 81405 81415 86353 88261 88267 88273 88283 88299	81302 81401 81406 81416 88245 88262 88269 88274 88285	81321 81403 81407 81460 88248 88263 88271 88275 88289	81323 81404 81408 81479 88249 88264 88272 88280 88291
		Biomarker codes			
		81313	81327	81435	81490
Hearing services	For members younger than 21: Hearing evaluations and hearing aids	V5010 V5040 V5100 V5242 V5246	V5011 V5050 V5120 V5243 V5247	V5014 V5060 V5190 V5244 V5248	V5030 V5095 V5230 V5245 V5249
	For members 21 and older: Prior authorization is required.	V5250 V5254 V5258 V5262	V5251 V5255 V5259 V5263	V5252 V5256 V5260 V5267	V5253 V5257 V5261 V5298
Home health care services	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
Hysterectomy	Prior authorization is required for the codes listed.	58150 58210 58263	58152 58240 58267	58180 58260 58270	58200 58262 58275

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		58280	58285	58290	58291
		58292	58294	58541	58542
		58543	58544	58548	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 at 888-705-4470.			
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 888-705-4470.			
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 Bkemy Q5152 Botulinum toxins J0585			
		J0586	J0587	J0588	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Brineura® J0567 Briumvi™ J2329 Cimerli™ Q5128 Cinqair® J2786 Conexxence Q5158 Cosentyx® IV J3247 Crysvita® J0584 Cutaquig® J1551 Daxxify® J0589 Elfabrio® J2508 Encelto J3403 Entyvio® J3380 Enjaymo™ J1302 Epysqli Q5151 Esperoct® J7204 Evenity® J3111 Evkeeza® J1305 Eylea HD™ J0177 Fasenra™ J0517 Fensolvi® J1951 Feraheme® Q0138 Firmagon®

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J9155			
		Fynetra™			
		Q5130			
		Gamifant®			
		J9210			
		Givlaari®			
		J0223			
		Glassia®			
		J0257			
		Hemlibra			
		J7170			
		Hemgenix™			
		J1411			
		Hympavzi			
		J7172			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Inflectra			
		Q5103			
		Imuldosa IV			
		Q5098			
		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®			
		J2507			
		Lamzede®			
		J0217			
		Lanreotide			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1932 Lemtrada® J0202 Leqembi™ J0174 Leqvio® J1306 Lupron Depot® J1950 Lupron Depot®, Eligard® J9217 Lutrate Depot J1954 Mepsevii® J3397 Monoferric® J1437 Nexviazyme® J0219 Naglazyme® J1458 Niktimvo J9038 Nplate® J2802 Nucala® J2182 Nulibry J1809 Nypozi Q5148 Qalsody™ J1304 Ocrevus® J2350 Ocrevus Zunovo J2351 Octreotide acetate J2354 Orencia® J0129 Omvo™ J2267

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Onpattro® J0222 Otulfi IV Q9999 Panzyga® J1576 Parsabiv® J0606 Pavblu Q5147 PiaSky J1307 Pombiliti™ J1203 Prolia® J0897 Pyzchiva IV Q9997 Radicava® J1301 Reblozyl® J0896 Releuko® Q5125 Remicade® J1745 Renflexis® Q5104 Riabni™ Q5123 Rituxan® J9312 Rituxan Hycela® J9311 Roctavian™ J1412 Ruconest® J0596 Ruxience® Q5119 Ryplazim® J2998 Rystiggo™

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		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™			
		J2781			
		Synagis®			
		90378			
		Tepezza®			
		J3241			
		Tezspire			
		J2356			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Therapeutic radiopharmaceuticals*			
		A9513	A9590	A9606	A9607
		A9615	A9699		
		Tofidence™			
		Q5133			
		Tremfya IV			
		J1628			
		Trelstar®			
		J3315			
		Triptodur®			
		J3316			
		Tyenne™			
		Q5135			
		Tziield™			
		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			
		Xembify®			
		J1558			
		Xenpozyme®			
		J0218			
		Yesintek IV			
		Q5100			
		Zoladex®			

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

*For prior authorization, please submit requests online by using the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click on Sign In in the top-right corner to sign in using your One Healthcare ID. Or, you can call 888-397-8129.

**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 admissions 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	Prior authorization is required for the codes listed.	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			

Laboratory services	Prior authorization is required.	Please call Labcorp at 800-788-9743.			
Non-emergent air ambulance transport	Prior authorization is required for the codes listed.	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of	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	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 the codes listed with a retail purchase or a 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
		L0861	L1000	L1005	L1200
	For members younger than 21 with orthotic limitation:	L1300	L1310	L1499	L1680
		L1685	L1700	L1710	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	L1730	L1755	L1820	L1830
		L1831	L1832	L1834	L1836
		L1840	L1844	L1845	L1846
		L1847	L1850	L1860	L1945
		L1950	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2060
		L2106	L2108	L2126	L2136
		L2350	L2510	L2526	L2627
		L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3763	L3764	L3900
		L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
		L3999	L4000	L4010	L4020
		L4350	L4392	L4394	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
	For members 21 and older:	L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
	AHCCCS orthotics coverage applies if: The use of the orthotic is medically necessary as the preferred	L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	treatment option consistent with Medicare guidelines	L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
	• The orthotic is less expensive than all other treatment options or surgical procedures to treat the same diagnosed condition	L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
	• The orthotic is ordered by a physician or primary care physician	L5845	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	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	L8047
		L8499	L8609	L8610	L8612
		L8631	L8659		
Out-of-network services	Prior authorization is required for all out-of-network services.				
Out-of-state	Benefit only approved				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
services	when service is emergent or unavailable in the state of Arizona.				
Outpatient therapy — occupational and physical therapy	For members 21 and older: Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity. • Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits For QMB members: Occupational and physical therapy are covered when medically necessary. No annual benefit limits apply; however, requests will be reviewed for medical necessity. • 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: Prior authorization is not required for occupational and physical therapy.	97012 97022 97034 97113 97530 G0283	97014 97026 97039 97116 97535	97016 97028 97110 97124 97799	97018 97033 97112 97140 G0281
Outpatient therapy — speech therapy	For members older than 21: Speech therapy services are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity.	92507	92508	92526	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	• Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits For QMB members: Speech therapy services are covered when medically necessary. No annual benefit limits apply. However, requests will be reviewed for medical necessity. • Prior authorization required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits				
Pain injections and management	Prior authorization is required.	64490	64493		
Pharmacy drugs	A list of medications requiring prior authorization is available at UHCprovider.com/AZcommunityplan > Pharmacy Resources and Physician Administered Drugs. Service requests must include “J” Codes and NDC Codes for the medication requested. The following hemophilia factor/biotech drugs are included on the prior authorization list: • Aldurazyme® • Ceprotin® • Cerezyme®	90378 J1299 J1429 J2840 J3399	J0224 J1303 J1786 J3060	J0717 J1427 J2326 J3385	J1290 J1428 J2357 J3398
		For pharmacy prior authorization, please contact UnitedHealthcare Pharmacy Prior Authorization Service by 1 of the following: Phone: 800-310-6826 Fax: 866-940-7328 For specialty pharmacy prior authorization, please fax 866-940-7328. 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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	• Cimzia® • Cinryze® • Elaprase® • Elelyso® • Fabrazyme® • Juxtapid® • Kalydeco® • Kuvan® • Kynamro • Lumizyme® • Myozyme® • Orfadin® • VPRIV® • Zolgensma®	on the medication and use the attached service request form specific to that drug.			
Potentially unproven services	Prior authorization is required.	33289	C2624		
Pregnancy termination	Prior authorization is required for the codes listed. Prior authorization includes mifepristone, Mifeprex® or RU-486. Clinical documentation and the certificate of medical necessity for pregnancy termination must accompany the prior authorization request form. For more information, please review AMPM Chapter 400, Section 410 Section E Pregnancy Termination at 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.	59840 59852	59841 59855	59850 59856	59851 59857

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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		
Prostate procedures	Prior authorization is 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 is required for the codes listed.	77520	77522	77523	77525
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: - Certain CT, MRI, MRA and PET scans - Nuclear medicine and nuclear cardiology procedures	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. 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. 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			
Rhinoplasty and septoplasty Treatment of nasal functional	Prior authorization is required for the codes listed.	30400 30435 30465	30410 30450	30420 30460	30430 30462

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
impairment and septal deviation					
Shoulder surgery	Prior authorization is required.	Musculoskeletal system 23470* 23472* 23473* 23474* 29805* 29806* 29807* 29819* 29820* 29822* 29823* 29824* 29825* 29826* 29827* 29828* *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 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 Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631 Eye and ocular adnexa 65710 65820 66250 66710 66711 66825 66986 66987 66988 67010 67041 67042			
	Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		67105	67108	67113	67840
		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	24071	27327	27337
		27632	28035	28039	28041
		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29835
		29840	29845	29846	29848
		29861	29875	29876	29877
		29879	29880	29881	29882
		29888	29893	G0260	
	Nervous system				
		64561	64640		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		Ophthalmologic			
		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 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	E0301	E0303	E0315
		E0316	E0462		
Spinal surgery	Prior authorization is required for the codes listed.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22515	22532	22533

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	22514*	0098T	

*SOS also applies.

Sterilization	Prior authorization is required for the codes listed.	52601	52630	52648	52649
		55250	55801	55821	55831
		58600	58605	58611	58615
		58670	58671	58700	
	For all members younger than 21: Prior authorization 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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	> 420, Family Planning > Section E Sterilization. The Consent to Sterilization form can be found at azahcccs.gov > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 420, Family Planning > Attachment A.				
Stimulators	Prior authorization is required.	Bone growth stimulator			
Implantation of a device that sends electrical impulses		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. 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, Carvykti, Kymriah, Lenmeldy, Lyfgenia, Ryoncil, Skysona, Tecartu, Tecelra, Yescarta and Zevaskyn please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38240	38241	38242	44132
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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.			
		Temporary and unclassified**:			
		C9399	J3490	J3590	
		**Amtagvi, Lantidra			
Transportation	Transportation Prior authorization is required for non-emergent taxi and stretcher van.	To schedule transportation, please call Medical Transportation Management (MTM) 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. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.			
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 code listed.	E2402			