

# Prior authorization requirements for Arizona Complete Health Medicaid effective March. 1, 2025

## 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
<b>Allergy immunotherapy</b>	<p><b>For members younger than 21:</b></p> <p>Allergy immunotherapy and allergy testing is covered under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) when medically necessary.</p> <p><b>For members 21 and older:</b></p> <p>Allergy immunotherapy, including desensitization treatments administered by subcutaneous injections (allergy shots), sublingual immunotherapy (SLIT) or another route of administration, is <b>not</b> a covered benefit.</p> <p>Allergy testing, including testing for common allergens, is a covered benefit when the member has:</p>	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Allergy immunotherapy (cont.)</b>	<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. Examples include severe facial swelling, breathing difficulties, epiglottal swelling, extensive urticaria, etc. <b>Prior authorization is required for allergy testing when it meets the criteria above.</b></li> </ul>				
<b>Augmentative and alternative communication</b>	Prior authorization is required for the codes listed.	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
<b>Bariatric surgery</b>	Prior authorization is required for the codes listed.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health</b>	<p><b>For members with serious mental illness (SMI):</b></p> <p>Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program. For assistance call <b>800-348-4058</b>.</p>	<p>For a full list of behavioral health prior authorization requirements, please visit <a href="http://providerexpress.com">providerexpress.com</a> <a href="#">Behavioral Health Prior Authorization Code List by State (providerexpress.com)</a></p>			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization is required for the codes listed.	20975	20979	E0760	
<b>Breast cancer (BRCA) genetic testing</b>	<p>Prior authorization is required for the codes listed.</p> <p>Please direct all lab requests to LabCorp at 800-533-0567 for review and processing.</p>	81162 81166 81217	81163 81212 81432	81164 81215	81165 81216
<b>Breast reconstruction (non-mastectomy)</b> 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
<b>Cancer supportive services</b>	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agent	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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<b>Cancer supportive services (cont.)</b>	administered in an outpatient setting for a cancer diagnosis.	
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**Filgrastim (Neupogen®)**

J1442

**Filgrastim-aafi (Nivestym®)**

Q5110

**Filgrastim-ayow, biosimilar (Releuko®)**

Q5125

**Filgrastim-sndz (Zarxio®)**

Q5101

**Pegfilgrastim (Neulasta®)**

J2506

**Pegfilgrastim-apgf, biosimilar (Nyvepria®)**

Q5122

**Pegfilgrastim-bmez (Ziextenzo®)**

Q5120

**Pegfilgrastim-cbqv (Udenyca®)**

Q5111

**Pegfilgrastim-jmdb (Fulphila®)**

Q5108

**Sargramostim (Leukine®)**

J2820

**Tbo-filgrastim (Granix®)**

J1447

**Trilaciclib (Cosela®)**

J1448

**Bone-modifying agent that requires prior authorization:**

**Denosumab (Xgeva®)**

J0897

**Colony stimulating factors**

J1449

**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](https://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**.

**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](https://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](https://UHCprovider.com/AZcommunityplan) > Prior Authorization and Notification Resources > Cardiology Prior

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Authorization and Notification Program					
Cardiovascular	Prior authorization is required.	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular</b> (cont.)		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			
	<b>Cerebral seizure monitoring — inpatient video electroencephalogram (EEG)</b>	Prior authorization is required for inpatient services.	95700	95711	95712
Prior authorization is not required for outpatient hospital or ambulatory surgical center.		95714	95715	95716	95718
		95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	<b>Injectable chemotherapy drugs that require prior authorization:</b>			
		<ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot® (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul>			
		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 <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner to sign in using your One			

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

<b>Circumcision</b>	<b>Routine circumcision is <u>not</u> a covered benefit.</b>  Prior authorization required <u>only</u> for cases with documented medical necessity.	54161	54162		
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<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	<b>For members younger than 21:</b>  Prior authorization is required for the codes listed.  <b>For members 21 and older:</b> <ul style="list-style-type: none"> <li>• Prior authorization required for supplies, equipment maintenance and repair of component parts</li> <li>• Hardware is <u>not</u> a covered benefit</li> <li>• Clinical documentation <u>must</u> accompany and establish medical necessity for this service request</li> </ul>	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
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<b>Continuous glucose monitor</b>	Prior authorization is required with type 2 diabetes diagnosis.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
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<b>Cosmetic and reconstructive surgery</b> That changes or improves physical appearance without significantly improving or restoring physiological function	Prior authorization is required for the codes listed.  Services or items furnished solely for cosmetic purposes are <u>excluded</u> from AHCCCS coverage.	11960 14061* 17106 21137 21175 21182 21235 21282 21743	14020* 15823 17107 21138 21179 21183 21256 21295 28344	14021* 15830 17108 21139 21180 21184 21275 21740 30620	14041 15847 17999 21172 21181 21230 21280 21742 67900
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67901 67906 67912 67917 67924	67902 67908 67914 67921 67950	67903 67909 67915 67922 67961	67904 67911 67916 67923 67966

\*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.
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<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.
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable medical equipment (DME)</b>	To request DME items, please call Preferred Homecare at <b>800-636-2123</b> .	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 <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> > 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
	These DME items are <u>not</u> covered by Preferred Homecare:	E0300	E0445	E0457	E0465
	• Bone stimulators	E0466	E0483	E0486	E0620
	• Diabetic supplies	E0636	E0638	E0641	E0642
	• Enclosed beds	E0656	E0669	E0670	E0675
	• Insulin pumps	E0693	E0694	E0700	E0710
	• Percussion vests	E0745	E0766	E0784	E0984
	• Specialty beds	E0986	E1002	E1003	E1004
	• Wound vacs	E1005	E1006	E1007	E1008
	Prosthetics are not DME — see orthotics and prosthetics.	E1009	E1010	E1030	E1035
		E1036	E1161	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E1825	E2100	E2227	E2228
		E2230	E2298	E2301	E2322
		E2325	E2327	E2329	E2331
		E2351	E2373	E2510	E2511
		E2512	E2599	E2626	E2627
		E2628	E2629	E2630	E8000
		E8001	E8002	K0005	K0008
		K0013	K0108	K0800	K0801
		K0802	K0806	K0807	K0808
		K0812	K0821	K0822	K0823
		K0824	K0825	K0826	K0827
		K0828	K0829	K0830	K0831
		K0836	K0837	K0838	K0839
		K0840	K0841	K0842	K0843
	K0848	K0849	K0850	K0851	
	K0852	K0853	K0854	K0855	
	K0856	K0857	K0858	K0859	
	K0860	K0861	K0862	K0863	
	K0864	K0868	K0869	K0870	
	K0871	K0877	K0878	K0879	
	K0880	K0884	K0885	K0886	
	K0890	K0891	S1040		

**Enteral services/parenteral/oral**  
In-home nutritional therapy either enteral or through a gastrostomy tube,

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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total parenteral nutrition (TPN) and/or lipids and oral supplements		<a href="http://azahcccs.gov">azahcccs.gov</a> > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 400, Medical Policy for Maternal and Child Health > 430, EPSDT Services > 430-10.			
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**Enteral services/parenteral/oral (cont.)**

The Certificate of Medical Necessity for Commercial Oral Nutritional Supplements can be found at [azahcccs.gov](http://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](http://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](http://azahcccs.gov) > Resources > Guides-Manuals-Policies > AHCCCS Medical Policy Manual (AMPM) > Chapter 300, Medical Policy for Covered Services > Chapter 300 - Overview > Attachment C.

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

**Eye care/optometry**

**Benefits provided for members younger than 21:**

- 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 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.

For member eye care services, please call Nationwide Vision at 480-961-1702.

<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization is required for the codes listed.	29914	29915	29916
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Functional endoscopic sinus surgery (FESS)</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 all services not covered by Labcorp. To determine prior authorization requirements, please call Labcorp at 800-788-9743.	81265	81302	81321	81323
		81325	81401	81403	81404
		81405	81406	81407	81408
		81415	81416	81460	81479
		86353	88245	88248	88249
		88261	88262	88263	88264
		88267	88269	88271	88272
		88273	88274	88275	88280
		88283	88285	88289	88291
		88299			
		<b>Biomarker codes</b>			
		81313	81327	81435	81490
<b>Hearing services</b> Hearing evaluations and hearing aids	<b>For members younger than 21:</b> Prior authorization is not required.	92590	92591	92592	92593
		92594	92595	V5010	V5011
	<b>For members 21 and older:</b> Prior authorization is required.	V5014	V5030	V5040	V5050
		V5060	V5095	V5100	V5120
		V5190	V5230	V5242	V5243
		V5244	V5245	V5246	V5247
		V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
V5267	V5298				
<b>Home health care services</b>	Prior authorization is required for the codes listed.	G0299	G0300	S9123	S9124
<b>Hysterectomy</b>	Prior authorization is required for the codes listed.	58150	58152	58180	58200
		58210	58240	58260	58262
		58263	58267	58270	58275
		58280	58285	58290	58291
		58292	58294	58541	58542
		58543	58544	58548	58550
		58552	58553	58554	58570
		58571	58572	58573	58951
58953	58954	58956	59525		
<b>Incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Preferred Homecare.	To request incontinence supplies, please call Preferred Homecare at <b>800-636-2123</b> .			
<b>Infusion in-home services</b>	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.			
<b>Injectable medications</b>	Prior authorization is required for all medications not covered by	To request medications, please call Optum Infusion 888-705-4470.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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for in-home usage	Optum Infusion.	
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<b>Injectable medications</b>	Prior authorization is required for the codes listed.	<b>Actemra®</b>			
		J3262			
		<b>Adakveo®</b>			
		J0791			
		<b>Aduhelm®</b>			
		J0172			
		<b>Adzynma™</b>			
		J7171			
		<b>Amondys 45®</b>			
		J1426			
		<b>Amvuttra™</b>			
		J0225			
		<b>Aralast® NP, Prolastin®-C, Zemaira®</b>			
		J0256			
		<b>Avsola®</b>			
		Q5121			
		<b>Benlysta</b>			
		J0490			
		<b>Beqvez™</b>			
		J1414			
		<b>Beriner®</b>			
		J0597			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura®</b>			
		J0567			
		<b>Briumvi™</b>			
		J2329			
		<b>Cimerli™</b>			
		Q5128			
<b>Cinqair®</b>					
J2786					
<b>Cosentyx® IV</b>					
J3247					
<b>Crysvita®</b>					
J0584					
<b>Cutaquig®</b>					
J1551					
<b>Daxxify®</b>					
J0589					
<b>Elevidys™</b>					
J1413					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Injectable medications**  
(cont.)

<b>Elfabrio®</b>				
J2508				
<b>Entyvio®</b>				
J3380				
<b>Enjaymo™</b>				
J1302				
<b>Esperoct®</b>				
J7204				
<b>Evenity®</b>				
J3111				
<b>Evkeeza®</b>				
J1305				
<b>Eylea HD™</b>				
J0177				
<b>Fasenra™</b>				
J0517				
<b>Fensolvi®</b>				
J1951				
<b>Feraheme®</b>				
Q0138				
<b>Firmagon®</b>				
J9155				
<b>Fynetra™</b>				
Q5130				
<b>Gamifant®</b>				
J9210				
<b>Givlaari®</b>				
J0223				
<b>Glassia®</b>				
J0257				
<b>Hemgenix™</b>				
J1411				
<b>Ilaris®</b>				
J0638				
<b>Ilumya™</b>				
J3245				
<b>Inflectra</b>				
Q5103				
<b>Injectafer®</b>				
J1439				
<b>IVIG</b>				
J1459	J1552	J1554	J1555	
J1556	J1557	J1559	J1561	
J1566	J1568	J1569	J1572	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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**Injectable medications**  
(cont.)

		J1575 J1599
		<b>Izervay™</b>
		J2782
		<b>Kisunla™</b>
		J0175
		<b>Korsuva™</b>
		J0879
		<b>Krystexxa®</b>
		J2507
		<b>Lamzede®</b>
		J0217
		<b>Lanreotide</b>
		J1932
		<b>Lemtrada®</b>
		J0202
		<b>Leqembi™</b>
		J0174
		<b>Leqvio®</b>
		J1306
		<b>Lupron Depot®</b>
		J1950
		<b>Lupron Depot®, Eligard®</b>
		J9217
		<b>Mepsevii®</b>
		J3397
		<b>Monoferric®</b>
		J1437
		<b>Nexvazyme®</b>
		J0219
		<b>Naglazyme®</b>
		J1458
		<b>Nplate®</b>
		J2802
		<b>Nucala®</b>
		J2182
		<b>Qalsody™</b>
		J1304
		<b>Ocrevus®</b>
		J2350
		<b>Octreotide acetate</b>
		J2354
		<b>Orencia®</b>
		J0129

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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<b>Injectable medications</b> (cont.)		<b>OmvoH™</b> J2267
		<b>Onpattro®</b> J0222
		<b>Panzyga®</b> J1576
		<b>Parsabiv®</b> J0606
		<b>Pombiliti™</b> J1203
		<b>Prolia®</b> J0897
		<b>Radicava®</b> J1301
		<b>Reblozyl®</b> J0896
		<b>Releuko®</b> Q5125
		<b>Remicade®</b> J1745
		<b>Renflexis®</b> Q5104
		<b>Riabni™</b> Q5123
		<b>Rituxan®</b> J9312
		<b>Rituxan Hycela®</b> J9311
		<b>Roctavian™</b> J1412
		<b>Ruconest®</b> J0596
		<b>Ruxience®</b> Q5119
		<b>Ryplazim®</b> J2998
		<b>Rystiggo™</b> J9333
		<b>Sandostatin® LAR</b> J2353
		<b>Saphnelo®</b> J0491
		<b>Scenesse®</b>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)					
	<b>Sevenfact®</b>				
	J7212				
	<b>Signifor LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Skyrizi®</b>				
	J2327				
	<b>Sodium hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Somatuline® Depot</b>				
	J1930				
	<b>Spevigo™</b>				
	J1747				
	<b>Stelara®</b>				
	J3358				
	<b>Sublocade®</b>				
	Q9991	Q9992			
	<b>Supprelin® LA</b>				
	J9226				
	<b>Syfovre™</b>				
	J2781				
	<b>Synagis®</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire</b>				
	J2356				
	<b>Therapeutic radiopharmaceuticals*</b>				
	A9513	A9590	A9606	A9607	
A9699					
<b>Tofidence™</b>					
Q5133					
<b>Tremfya IV</b>					
J1628					
<b>Trelstar®</b>					
J3315					
<b>Triptodur®</b>					
J3316					
<b>Tyenne™</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Injectable medications (cont.)		Q5135
		<b>Tzield™</b>
		J9381
		<b>Unclassified codes**</b>
		C9094                      C9149                      C9157                      C9166
		C9172                      C9399                      J3490                      J3590
		<b>Uplizna®</b>
		J1823
		<b>Intravitreal vascular endothelial growth factor (VEGF)</b>
		J0178                      J0179                      J2777                      J2778
		J2779                      Q5124                      Q5128
		<b>Veopoz™</b>
		J9376
		<b>Vimizim®</b>
		J1322
	<b>Vyepti®</b>	
	J3032	
	<b>Vyvgart®</b>	
	J9332	
	<b>Vyvgart® Hytrulo™</b>	
	J9334	
	<b>Xembify®</b>	
	J1558	
	<b>Xenpozyme®</b>	
	J0218	
	<b>Zoladex®</b>	
	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](http://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](http://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, C9172, C9399, J3490 and J3590, prior authorization is only required for Nulibry®, Revcovi®, Rivfloza™, Vabysmo®.

<b>Inpatient admissions</b>	Notification is required for admissions.	Inpatient admissions-post acute services: Prior authorization and notification of admission date required for these facilities:
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>and post-acute services</b>		<ul style="list-style-type: none"> <li>Acute care hospitals</li> <li>Acute inpatient rehabilitation</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul>			
<b>Joint replacement</b> Joint, total hip and knee replacement	Prior authorization is required for the codes listed.	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487	24362 27120 27134 27446 29866	24363 27125 27137 27447 29867
<b>Laboratory services</b>	Prior authorization is required.	Please call Labcorp at 800-788-9743.			
<b>Non-emergent air ambulance transport</b>	Prior authorization is required for the codes listed.	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization is required for the codes listed.	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics and prosthetics</b>	Prior authorization is required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	L0112 L0464 L0486 L0632 L0638 L0810 L0861 L1300 L1685 L1730 L1831 L1840 L1847 L1950 L2010 L2036 L2106 L2350 L2628 L3671 L3740	L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1832 L1844 L1850 L1970 L2020 L2037 L2108 L2510 L3230 L3674 L3763	L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1820 L1834 L1845 L1860 L2000 L2030 L2038 L2126 L2526 L3265 L3720 L3764	L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1830 L1836 L1846 L1945 L2005 L2034 L2060 L2136 L2627 L3649 L3730 L3900
	<b>For members younger than 21 with orthotic limitation:</b>				
	<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 that the component is not operating effectively</li> </ul>				
	<b>For members 21 and older:</b>				
	<ul style="list-style-type: none"> <li>AHCCCS orthotics coverage applies if: The use of the orthotic is medically</li> </ul>				



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>	necessary as the preferred treatment option consistent with Medicare guidelines	L3901	L3904	L3905	L3961
		L3971	L3975	L3976	L3977
	<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> </ul>	L3999	L4000	L4010	L4020
		L4350	L4392	L4394	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
	<ul style="list-style-type: none"> <li>The orthotic is ordered by a physician or primary care physician</li> </ul>	L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		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
		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	

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Outpatient therapy – speech therapy (cont.)</b>	<p>the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</p> <p><b>For members 21 and older:</b> Outpatient speech therapy is <b>not</b> a covered benefit</p> <p><b>For QMB members:</b> Speech therapy 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 required after the initial evaluation and before the initial therapy visit and is required for all ongoing therapy visits</li> </ul>				
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<b>Pain injections and management</b>	<p>Prior authorization is required.</p>	64490	64493		
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<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.</p> <p><b>Service requests must include “J” Codes and NDC Codes for the medication requested.</b></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>• Fabrazyme®</li> <li>• Juxtapid®</li> <li>• Kalydeco®</li> <li>• Kuvan®</li> <li>• Kynamro</li> <li>• Lumizyme®</li> <li>• Myozyme®</li> <li>• Orfadin®</li> <li>• VPRIV®</li> <li>• Zolgensma®</li> </ul>	90378	J0224	J0717	J1290
		J1300	J1303	J1427	J1428
		J1429	J1786	J2326	J2357
		J2840	J3060	J3385	J3398
		J3399			

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](http://UHCprovider.com/AZcommunityplan) > Pharmacy Resources and Physician Administered Drugs > Pharmacy Prior Authorization > Pharmacy Prior Authorization Forms For specific medications listed in this section, click on the medication and use the attached service request form specific to that drug.

<b>Potentially unproven services</b>	<p>Prior authorization is required.</p>	33289	C2624		
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<b>Pregnancy termination</b>	<p>Prior authorization is required for the codes listed.</p>	59840	59841	59850	59851
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<p>Prior authorization includes mifepristone, Mifeprex® or RU-486.</p> <p><b>Clinical documentation and the certificate of medical necessity for pregnancy termination <u>must</u> accompany the prior authorization request form.</b></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 Termination 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; Attachment C.</p>	59852	59855	59856	59857
<b>Private-duty nursing</b>	Prior authorization is required for the codes listed.	T1002	T1003		
<b>Prostate procedures</b>	Prior authorization is required.	37243 53852	52441 55873	52442 55874	53850
<b>Proton beam therapy</b> 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
<b>Radiology</b>	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/AZcommunityplan">UHCprovider.com/AZcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p>			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal	Prior authorization is required for the codes listed.	30400 30435	30410 30450	30420 30460	30430 30462

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
functional impairment and septal deviation		30465			
<b>Shoulder surgery</b>	Prior authorization is required.	<b>Musculoskeletal system</b>			
		23470*	23472*	23473*	23474*
		29805*	29806*	29807*	29819*
		29820*	29822*	29823*	29824*
		29825*	29826*	29827*	29828*
		*SOS also applies.			
<b>Sinuplasty</b>	Prior authorization is required for the codes listed.	31295	31296	31297	31298
<b>Site of service (SOS) — outpatient hospital</b>	Prior authorization is only required when requesting service in an outpatient hospital setting.  Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).	<b>Auditory system</b>			
		69205			
		<b>Cardiovascular system</b>			
		36590	36832		
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive system</b>			
		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	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and ocular adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042
		67105	67108	67113	67840

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Site of service (SOS) — outpatient hospital (cont.)</b>		68110	68115	68320	68720
		68815			
	<b>Female genital system</b>				
		57240	57250	57461	57520
		58561	58562		
	<b>Gynecologic procedures</b>				
		57522	58353	58558	58563
		58565			
	<b>Hemic and lymphatic systems</b>				
		38500	38510	38525	
	<b>Hernia repair</b>				
		49505	49650	49651	
	<b>Integumentary system</b>				
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
	<b>Liver biopsy</b>				
		47000			
	<b>Male genital system</b>				
		54840			
	<b>Miscellaneous</b>				
		20680			
	<b>Musculoskeletal system</b>				
		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	
	<b>Nervous system</b>				
		64561	64640		
	<b>Ophthalmologic</b>				
		65426	65730	65855	66170

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Site of service (SOS) — outpatient hospital (cont.)</b>		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory system</b>			
		30802	30930	31525	31535
		31536	31541	31624	
		<b>Tonsillectomy and adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper gastrointestinal endoscopy</b>			
		43235	43239	43249	
		<b>Urinary system</b>			
		52276	52287	52320	52344
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
	52281	52310	52332	52351	
	52352	52353	52356	55040	
	55700	57288			
<b>Skilled nursing facility services</b>	Prior authorization is required.				
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required for the codes listed.	21685	41599	42145	
<b>Specialty/ enclosed beds</b>	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		
<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	22515	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Spinal surgery</b> (cont.)		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.

<b>Sterilization</b>	Prior authorization is required for the codes listed.	52601	52630	52647	52648	
		52649	55250	55801	55821	
	<b>For all members younger than 21:</b> Prior authorization required	55831	58600	58605	58611	
		58615	58670	58671	58700	
	<b>Any member requesting sterilization must sign an appropriate Consent for Sterilization form.</b>					
	For more information, please review AMPM Chapter 400, Section 420, Section E Sterilization at <a href="http://azahcccs.gov">azahcccs.gov</a> > 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 <a href="http://azahcccs.gov">azahcccs.gov</a> > 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.	<b>Bone growth stimulator</b>			
			E0747	E0748	E0749	
			<b>Neurostimulator</b>			
			43648	43882	61863	61864



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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® (idecaptopogene vicleucel), Breyanzi® (lisocabtagene maralucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah® (tisagenlecleucel), Lyfgenia™ (lovotibeglogene autotemcel), Tecartus® (brexucabtagene autoleucel) and Yescarta® (axicabtagene ciloleucel), 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*	J3392	J3394

**CAR T-cell therapy:**

J9999	Q2041	Q2042	Q2053
Q2054	Q2055	Q2056	

\*Code 38232 will only require prior authorization for an oncology diagnosis.

**Temporary and unclassified\*\*:**

C9399	J3490	J3590
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\*\*Amtagvi™, Lantidra, Lenmeldy™, Tecelra™.

**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.

Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the	36473	36475	36478	37700
	37718	37722	37765	37766
	37780			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
extremities					
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization is required for the codes listed.	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization is required for the code listed.	E2402			