

# Prior authorization requirements for Ohio Medicaid

Effective Jun. 1, 2023

## General Information

This list contains prior authorization requirements for care providers who participate with the UnitedHealthcare Community Plan in Ohio for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on 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 tile on your Provider Portal dashboard.
- **Phone:** 800-600-9007

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.**

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Abortion – pregnancy termination</b>	Prior authorization required	59840 59852	59841 59855	59850 59856	59851 59857
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization required	11971 19330 19357 19368 19380	19316 19340 19361 19369	19318 19342 19364 19370	19328 19350 19367 19371
<b>Cancer supportive care</b>	Prior authorization is required for colony-stimulating factor drugs, erythropoiesis stimulating agents and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.  *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See		<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>  <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym™)</b> Q5110* <b>Filgrastim-ayow (Releuko®)</b> Q5125* <b>Filgrastim-sndz (Zarxio®)</b> Q5101* <b>Pegfilgrastim (Neulasta®)</b> J2506* <b>Pegfilgrastim-apgf (Nyvepria™)</b>		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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Cancer supportive care (cont.)	Injectable medications section below.	Q5122*
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>
		Q5120*
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b>
		Q5111*
		<b>Pegfilgrastim-jmdb (Fulphila™)</b>
		Q5108*
		<b>Sargamostim (Leukine®)</b>
		J2820
		<b>Tbo-filgrastim (Granix®)</b>
		J1447*
		<b>Trilaciclib (Cosela™)</b>
		J1448
		<b><u>Anti-emetic Drugs that require prior authorization:</u></b>
		<b>Akynzeo® (palonosetron/fosnetupitant)</b>
J1454		
<b>Cinvanti™ (aprepitant)</b>		
J0185		
<b>Emend® (fosaprepitant)</b>		
J1453		
<b>Sustol® (granisetron extended release)</b>		
J1627		
<b><u>Bone-modifying agent that requires prior authorization:</u></b>		
<b>Denosumab</b>		
J0897		
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call <b>888-397-8129</b> .

Cardiovascular	Prior authorization required	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580	
		*Prior authorization is notrequired for the following diagnosis codes:			
		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		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cardiovascular (cont.)		170.369	170.421	170.422	170.423
		170.428	170.429	170.431	170.432
		170.433	170.434	170.435	170.438
		170.439	170.441	170.442	170.443
		170.444	170.445	170.448	170.449
		170.461	170.462	170.463	170.468
		170.469	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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 EEG</b>	Prior authorization is required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	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) and Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952)</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 Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on <b>UnitedHealthcare Provider Portal</b>. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve	Prior authorization required	69710	69714	69930	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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conversational speech

<b>Continuous glucose monitor</b>	Prior authorization required	A4226 E2103	A4239	E0787	E2102
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<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	14020*	14021*	14061*
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15830	15847	17106	17107
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		17108	17999	21137	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21275	21280	21282	21295
		21740	21742	21743	28344
		30620	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
		67961	67966	Q2026	

\*Prior authorization not required when billed with the following diagnosis codes:

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211
C44.212	C44.219	C44.221	C44.222
C44.229	C44.291	C44.292	C44.299
C44.300	C44.301	C44.309	C44.310
C44.311	C44.319	C44.320	C44.321
C44.329	C44.390	C44.391	C44.399
C44.40	C44.41	C44.42	C44.49
C44.500	C44.501	C44.509	C44.510
C44.511	C44.519	C44.520	C44.521
C44.529	C44.590	C44.591	C44.599
C44.601	C44.602	C44.609	C44.611

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
<b>Drug screening</b>	Prior authorization required	G0483			
<b>Durable medical equipment (DME) – incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at <b>844-564-1008</b>			
<b>Durable medical equipment (DME)</b>	Prior authorization required	Prior authorization is required <b>regardless of billed amount:</b>			
		E1239	E2310	E2311	K0812
		K0830	K0831	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	
		Prior authorization is required only for a <b>retail purchase or cumulative rental cost of more than \$500:</b>			
		E0194	E0277	E0328	E0329
		E0457	E0483	E0669	E0700
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1030	E1130	E1161
		E1231	E1232	E1233	E1234

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E1235	E1236	E1237	E1238
		E2322	E2325	E2327	E2329
		E2373	E2510	E2511	E2512
		E2599	E8000	E8001	E8002
		K0005	K0108	S1040	
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4150
		B4152	B4153	B4155	B4159
		B4160	B4161	B9002	B9998
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722
		66180			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes with the following DX codes:			
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>
		<b>F64.9</b>	<b>Z87.890</b>		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58661	58720
		58940	64856	64892	64896
		Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for	81105	81106
81109	81110			81111	81120
81121	81161			81162	81163
81164	81165			81166	81167
81168	81170			81171	81172
81173	81174			81175	81176
81177	81178			81179	81180
81181	81182			81183	81184
81185	81186			81187	81188
81189	81190			81191	81192
81193	81194			81200	81201
81203	81204			81205	81208
81209	81212			81216	81218
81220	81222			81223	81224
81225	81226			81227	81228
81229	81230	81231	81232		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Genetic and molecular testing to include BRCA (cont.)</b>	BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81233	81234	81236	81237
		81238	81239	81240	81241
		81242	81243	81244	81245
		81246	81247	81248	81249
		81250	81251	81252	81253
		81254	81255	81256	81257
		81258	81259	81260	81261
		81262	81263	81264	81265
		81266	81267	81268	81269
		81271	81272	81273	81274
		81276	81277	81278	81279
		81283	81284	81285	81286
		81287	81288	81289	81290
		81291	81292	81294	81295
		81297	81298	81300	81302
		81303	81304	81305	81306
		81307	81309	81310	81312
		81313	81314	81315	81316
		81317	81318	81319	81320
		81321	81322	81323	81324
		81325	81326	81327	81328
		81329	81330	81331	81332
		81333	81334	81335	81336
		81337	81338	81339	81340
		81341	81342	81343	81344
		81345	81346	81347	81348
		81350	81351	81352	81353
		81355	81357	81360	81361
		81362	81363	81364	81370
		81371	81372	81373	81375
		81376	81377	81378	81379
		81380	81381	81382	81383
		81400	81401	81402	81403
81404	81405	81406	81407		
81408	81410	81411	81412		
81413	81414	81415	81416		
81417	81419	81420	81430		
81431	81432	81433	81434		
81435	81436	81437	81438		
81439	81440	81442	81443		
81445	81448	81460	81465		
81470	81471	81479	81507		
81518	81519	81520	81521		
81522	81546	81554	81595		
81599	87481	87482	87505		
87506	87507	87510	87511		



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Genetic and molecular testing to include BRCA (cont.)</b>		87512	87623	87797	87798
		87799	87800	87801	0001U
		0004M	0006M	0007M	0016U
		0017U	0018U	0022U	0023U
		0169U	0170U	0171U	0172U
		0173U	0175U	0177U	0179U
		0180U	0181U	0182U	0183U
		0184U	0185U	0186U	0187U
		0188U	0189U	0190U	0191U
		0192U	0193U	0194U	0195U
		0196U	0197U	0198U	0199U
		0200U	0201U	0203U	0205U
		0209U	0214U	0215U	0216U
		0217U	0218U	0221U	0222U
<b>Home health care</b>	Prior authorization is required only in outpatient settings, to include member's home.	G0151 G0299	G0152 G0300	G0153	G0156
<b>Hysterectomy</b>	Prior authorization required	58150 58262 58275 58541 58550 58570	58152 58263 58290 58542 58552 58571	58180 58267 58291 58543 58553 58572	58260 58270 58292 58544 58554 58573
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b> J3262 <b>Acthar®</b> J0800 <b>Adakveo®</b> J0791 <b>Aduhelm – Eff 07/01/2023</b> J0172 <b>Aldurazyme®</b> J1931 <b>Amondys 45</b> J1426 <b>Amvuttra™</b> J0225 <b>Apretude™</b> J0739 Aralast NP® J0256 <b>Avsola™</b> Q5121			

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

<b>Benlysta</b>				
J0490				
<b>Beriner<sup>®</sup></b>				
J0597				
<b>Botulinum toxins</b>				
J0585	J0586	J0587	J0588	
<b>Brineura<sup>™</sup></b>				
J0567				
<b>Cabenuva<sup>™</sup></b>				
J0741				
<b>Cerezyme<sup>®</sup></b>				
J1786				
<b>Cimzia<sup>®</sup></b>				
J0717				
<b>Cinqair<sup>®</sup></b>				
J2786				
<b>Cinryze<sup>®</sup></b>				
J0598				
<b>Crysvita<sup>®</sup></b>				
J0584				
<b>Cutaquig<sup>®</sup></b>				
J1551				
<b>Elaprase<sup>®</sup></b>				
J1743				
<b>ElELYso<sup>®</sup></b>				
J3060				
<b>Enjaymo<sup>™</sup></b>				
J1302				
<b>Entyvio<sup>®</sup></b>				
J3380				
<b>Erythropoiesis Stimulating Agents<sup>*****</sup></b>				
J0885				
<b>Evenity<sup>™</sup></b>				
J3111				
<b>Evkeeza<sup>™</sup></b>				
J1305				
<b>Exondys 51<sup>™</sup></b>				
J1428				
<b>Fabrazyme<sup>®</sup></b>				
J0180				
<b>Fasenra<sup>™</sup></b>				
J0517				
<b>Feraheme<sup>®</sup></b>				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)	Q0138				
	<b>Fensolvi®</b>				
	J1951				
	<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>				
	90284	J1459	J1554	J1555	
	J1556	J1557	J1559	J1561	
	J1566	J1568	J1569	J1572	
	J1575	J1599			
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Korsuva®</b>				
J0879					
<b>Krystexxa®</b>					
J2507					
<b>Lanreotide</b>					
J1932					
<b>Lemtrada®</b>					
J0202					
<b>Leqvio®</b>					
J1306					
<b>Lumizyme®</b>					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J0221 <b>Lupron Depot®</b>
		J1950
		<b>Lupron Depot, Eligard®</b>
		J9217
		<b>Luxturna™</b>
		J3398
		Mepsevii®
		J3397
		<b>Monoferric®</b>
		J1437
		Naglazyme®
		J1458
		<b>Nexviazyme®</b>
		J0219
		<b>Nplate®</b>
		J2796
		<b>Nucala®</b>
		J2182
		<b>Ocrevus™</b>
		J2350
		<b>Octreotide Acetate</b>
		J2354
		<b>Onpattro™</b>
		J0222
		<b>Orencia®</b>
		J0129
		<b>Oxlumo™</b>
		J0224
		<b>Parsabiv™</b>
		J0606
		<b>Probuphine®</b>
		J0570
		Prolastin C®
		J0256
		<b>Prolia®</b>
		J0897*****
		<b>Radicava®</b>
		J1301
		<b>Reblozyl®</b>
		J0896
		<b>Remicade®</b>
		J1745

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

<b>Renflexis®</b>				
Q5104				
<b>Riabni™</b>				
Q5123				
<b>Releuko®</b>				
Q5125				
Revcovi®				
J3590				
<b>Rituxan®</b>				
J9312				
<b>Rituxan Hycela®</b>				
J9311				
<b>Rolvedon™</b>				
J1449				
<b>Ruconest®</b>				
J0596				
<b>Ruxience®</b>				
Q5119				
<b>Ryplazim®</b>				
J2998				
<b>Sandostatin® LAR</b>				
J2353				
<b>Saphnelo™</b>				
J0491				
<b>Scenesse®</b>				
J7352				
<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>Soliris®*</b>				
J1300				
<b>Somatuline® Depot</b>				
J1930				
<b>Spinraza™</b>				
J2326				
<b>Spravato™</b>				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)		S0013			
	<b>Spevigo®</b>				
	J1747				
	<b>Stelara®</b>				
	J3358				
	<b>Stimufend®</b>				
	Q5127				
	<b>Sunlenca</b>				
	J1961				
	<b>Supprelin® LA</b>				
	J9226				
	<b>Synagis®</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire™</b>				
	J2356				
	<b>Therapeutic Radiopharmaceuticals***</b>				
	A9513	A9590	A9606	A9607	
	A9699				
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Trogarzo™</b>				
	J1746				
	<b>Truxima®</b>				
	Q5115				
	<b>Tzield™ - Eff 07/01/2023</b>				
	J9381				
	<b>Ultomiris™</b>				
	J1303				
	<b>Unclassified and temporary codes**</b>				
C9149	J3490	J3590			
<b>Uplizna®</b>					
J1823					
<b>Viltepso™</b>					
J1427					
<b>Vimizim®</b>					
J1322					
<b>Vyepti™</b>					
J3032					
<b>Vyondys 53®</b>					

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

J1429

**Vyvgart™**

J9332

**White blood cell colony stimulating factors\*\*\*\***

J1442	J1447	J2506	Q5101
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Q5108	Q5110	Q5111	Q5120
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Q5122

**Xembify®**

J1558

**Xenpozyme™**

J0218

**Xolair®**

J2357

Zemaira®

J0256

**Zoladex®**

J9202

Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & 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](http://UHCprovider.com) > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

\* Please obtain prior notification for Solaris through OptumRx prior notifications services at 800-310-6826.

\*\* For Unclassified codes C9149, J3490 and J3590, prior authorization is only required for Nulibry™ and Purified Cortrophin™ Gel

\*\*\*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 888-397-8129.

\*\*\*\*Codes J1442, J1447 J2506, Q5101, Q5108, Q5110 Q5111, Q5120, Q5122 and Q5125, white blood cell colony-stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Cancer supportive care section above.

For non-oncology DX, submit online at [UHCProvider.com](http://UHCProvider.com) > UnitedHealthcare Provider Portal> Prior Authorization and Notification tile on your Provider Portal dashboard or call 877-842-3210.

\*\*\*\*\* For code J0885, prior authorization is required for both oncology and non-oncology DX.

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Prior authorization is not required for ESRD diagnosis.  
 \*\*\*\*\* Prior authorization required for J0897 for non oncology DX.

<b>Inpatient admissions – post-acute services</b>	Prior authorization and notification of admission date is required for facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>				
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330		
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0170	L0480	L0482	L0484
		L0486	L0629	L0631	L0632
		L0634	L0636	L0640	L0700
		L0710	L0810	L0859	L1000
		L1200	L1300	L1310	L1680
		L1685	L1720	L1730	L1755
		L1832	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1970	L2000	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3971	L4000	L4010	L4020
		L4631	L5010	L5020	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5220
		L5230	L5250	L5280	L5301
		L5321	L5331	L5341	L5400
		L5420	L5510	L5535	L5540
		L5560	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5705	L5706
		L5716	L5718	L5722	L5724
		L5728	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5857	L5930
		L5950	L5960	L5962	L5964
		L5966	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L6000	L6010
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6500	L6550
	L6570	L6623	L6686	L6687	
	L6689	L6690	L6692	L6693	
	L6704	L6707	L6708	L6709	
	L6900	L6905	L6910	L6915	
	L1820				
<b>Out-of-network services</b> A referral to a health care provider who is not contracted with UnitedHealthcare	Prior authorization required for out-of-network services				
<b>Outpatient therapy</b>	Prior Authorization required	92507	92508	92526	97010
		97012	97014	97016	97018
		97022	97024	97026	97028
		97032	97033	97034	97035

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Outpatient therapy (cont.)		97036	97039	97110	97112
		97113	97116	97124	97129
		97139	97140	97150	97169
		97170	97171	97172	97530
		97533	97535	97537	97542
		97545	97546	97750	97755
		97761	97763		
Potentially unproven services	Prior authorization required	33289	C2624		
Private duty nursing	Prior authorization required	T1000	T1001		
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
Radiation therapy	Prior authorization required	<b>IGRT</b>			
		77014	77387		
		<b>IMRT</b>			
		Intensity-Modulated Radiation Therapy			
		77385	77386		
		<b>Proton Beam Therapy</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/Associated Services</b>			
		77331	77370	77399	77470
		<b>SBRT/SRS</b>			
		77371	77372	77373	
		<b>Standard Radiation Therapy (2D/3D)</b>			
		Prior Auth required only when obtained with diagnosis codes in the following ranges			
		C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92			
77401	77402	77407	77412		
<b>Y90</b>					
Implantable Beta-Emitting Microspheres for treatment of malignant tumors					
79445					
To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests					
<b>Radiology</b>	Prior authorization is required for participating physicians who request	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Radiology (cont.)</b>	<p>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>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile 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 <b>UHCprovider.com/OHcommunityplan &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</b>.</p>			
<b>Respite services</b>	Prior authorization required	H0045	S5150	S5151	
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	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)	<p><b>Auditory System</b> 69205</p> <p><b>Cardiovascular System</b> 36590      36832</p> <p><b>Carpal Tunnel Surgery</b> 64721</p> <p><b>Cataract Surgery</b> 66821      66982      66984      66987 66988</p> <p><b>Colonoscopy</b> 45378      45380      45384      45385</p> <p><b>Cosmetic &amp; Reconstructive</b> 13101      13132      21552      21931</p> <p><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</p> <p><b>ENT Procedures</b> 21320      30140      30520      69436 69631</p> <p><b>Eye and Ocular Adnexa</b> 65710      65820      66250      66710 66711      66825      66986      67010 67041      67042      67105      67108 67113      67840      68110      68115 68320      68720      68815</p>			

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

<b>Female Genital System</b>				
	57240	57250	57461	57520
	58561	58562		
<b>Gender Dysphoria Treatment</b>				
	14040	14060	14301	
<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	29806
	29807	29819	29822	29823
	29824	29825	29826	29827
	29828	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
	66761	67028	67036	67040
	67228	67311	67312	
<b>Respiratory System</b>				
	30802	30930	31525	31535
	31536	31541	31624	
<b>Tonsillectomy &amp; Adenoidectomy</b>				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Site of service (SOS) – outpatient hospital (cont.)</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	54161
		55040	55700	57288	
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22510	22224	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22864	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
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone Growth Stimulator</b>			
		E0747	E0748	E0760	
		<b>Neurostimulator</b>			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Stimulators (cont.)</b>		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590			
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> 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
		38232*	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	S2060	S2061
		S2152			
		<b>CAR T-Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		
		<b>Gene Therapy</b>			
		C9399**	J3490**	J3590**	
		*Prior authorization for code 38232 is only required for an oncology diagnosis.			
		**Skysona™ and Zynteglo™ will require prior authorization through Optum Transplant.			
<b>Vein procedures</b>	Prior authorization required	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			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<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 required	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 <b>855-282-8929</b> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509