

Prior authorization requirements for Ohio Medicaid

Effective Sept. 1, 2023

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Ohio healthcare professionals providing inpatient and outpatient services.

For prior authorization, please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to UHCprovider.com and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call 877-842-3210

Note: Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals 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			
Abortion – pregnancy termination	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization required	11971	19316	19318	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380			
Cancer supportive care	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.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Eflapegrastim-xnst (Rolvedon®) – Eff 10/1/23			
		J1449			
		Filgrastim (Neupogen®)			
		J1442*			
		Filgrastim-aafi (Nivestym™)			
		Q5110*			
		Filgrastim-ayow (Releuko®)			
		Q5125*			
		Filgrastim-sndz (Zarxio®)			
		Q5101*			
	*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See				

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.	Pegfilgrastim (Neulasta®) J2506*	
		Pegfilgrastim-apgf (Nyvepria™) Q5122*	
		Pegfilgrastim-bmez (Ziextenzo®) Q5120*	
		Pegfilgrastim-cbqv (UDENYCA™) Q5111*	
		Pegfilgrastim-jmdb (Fulphila™) Q5108*	
		Sargramostim (Leukine®) J2820	
		Tbo-filgrastim (Granix®) J1447*	
		Trilaciclib (Cosela™) J1448	
		<u>Anti-emetic Drugs that require prior authorization:</u>	
		Akynzeo® (palonosetron/fosnetupitant) J1454 J1456	
		Cinvanti™ (aprepitant) J0185	
		Emend® (fosaprepitant) J1453	
		Sustol® (granisetron extended release) J1627	
		<u>Bone-modifying agent that requires prior authorization:</u>	
		Denosumab J0897	
		<u>Erythropoiesis-Stimulating Agents</u> J0885	

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Cardiovascular	Prior authorization required	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580	
		*Prior authorization is not required 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		

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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cardiovascular (cont.)		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					
Cerebral seizure monitoring – inpatient video EEG	Prior authorization is required for inpatient services.	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95714	95715	95716	95718
		95720	95722	95724	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:			
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 –J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952) • 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 Healthcare Common Procedure Coding System (HCPCS) code 			
		<p>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 tile on your Provider Portal dashboard. Or, call 888-397-8129.</p>			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Cochlear implants and other auditory implants A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	
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Continuous glucose monitor	Prior authorization required	A4226 E2103	A4239	E0787	E2102
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Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14020* 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14021* 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	14061* 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950
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*Prior authorization not required when billed with the following diagnosis codes:

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|----------|----------|----------|----------|
| 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 |

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization				
Cosmetic and reconstructive procedures (cont.)		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	
		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		
	Drug screening	Prior authorization required	G0483			
	Durable medical equipment (DME) – incontinence supplies	Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at 844-564-1008			
	Durable medical equipment (DME)	Prior authorization required	Prior authorization is required regardless of billed amount:			
			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 retail purchase or cumulative rental cost of more than \$500:				
		E0194	E0277	E0328	E0329	
		E0457	E0483	E0669	E0700	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization					
Durable medical equipment (DME) (cont.)		E0766	E0784	E0984	E0986		
		E1002	E1003	E1004	E1005		
		E1006	E1007	E1008	E1009		
		E1010	E1030	E1130	E1161		
		E1231	E1232	E1233	E1234		
		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:					
		F64.0	F64.1	F64.2	F64.8		
		F64.9	Z87.890				
		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	81105	81106	81107	81108
				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		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Genetic and molecular testing to include BRCA (cont.)	Testing Prior	81203	81204	81205	81208
	Authorization/Notification	81209	81212	81216	81218
	Program for each specified genetic test.	81220	81222	81223	81224
	Notification/prior	81225	81226	81227	81228
	authorization required for	81229	81230	81231	81232
	BRCA testing before DNA	81233	81234	81236	81237
	sequencing is performed.	81238	81239	81240	81241
	The ordering care provider	81242	81243	81244	81245
	must notify the laboratory	81246	81247	81248	81249
	conducting the test and the	81250	81251	81252	81253
	laboratory will notify	81254	81255	81256	81257
	UnitedHealthcare.	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	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Genetic and molecular testing to include BRCA (cont.)		81470	81471	81479	81507
		81518	81519	81520	81521
		81522	81546	81554	81595
		81599	87505	87506	87507
		87623	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		
Home health care	Prior authorization is required only in outpatient settings, to include member's home.	G0151 G0299	G0152 G0300	G0153	G0156
Hysterectomy	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
Injectable medications	Prior authorization required	Actemra® J3262 Acthar® J0800 Adakveo® J0791 Aduhelm J0172 Aldurazyme® J1931 Amondys 45 J1426 Amvuttra™ J0225 Apretude™ J0739 Aralast NP® J0256			

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

Avsola™				
Q5121				
Benlysta				
J0490				
Beriner®				
J0597				
Botulinum toxins				
J0585	J0586	J0587	J0588	
Brineura™				
J0567				
Briumvi® (Eff 10/1/23)				
J2329				
Cabenuva™				
J0741				
Cerezyme®				
J1786				
Cimzia®				
J0717				
Cinqair®				
J2786				
Cinryze®				
J0598				
Crysvita®				
J0584				
Cutaquig®				
J1551				
Elaprase®				
J1743				
ElELYso®				
J3060				
Enjaymo™				
J1302				
Entyvio®				
J3380				
Erythropoiesis Stimulating Agents*****				
J0885				
Evenity™				
J3111				
Evkeeza™				
J1305				
Exondys 51™				
J1428				
Fabrazyme®				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)	J0180				
	Fasenra™				
	J0517				
	Feraheme®				
	Q0138				
	Fensolvi®				
	J1951				
	Firmagon®				
	J9155				
	Fynetra®				
	Q5130				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Glassia®				
	J0257				
	Hemgenix®				
	J1411				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90284	J1459	J1554	J1555	
	J1556	J1557	J1559	J1561	
	J1566	J1568	J1569	J1572	
	J1575	J1599			
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Korsuva®				
	J0879				
	Krystexxa®				
	J2507				
	Lanreotide				
	J1932				
	Lemtrada®				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J0202
		Leqembi®
		J0174
		Leqvio®
		J1306
		Lumizyme®
		J0221
		Lupron Depot®
		J1950
		Lupron Depot, Eligard®
		J9217
		Luxturna™
		J3398
		Mepsevii®
		J3397
		Monoferric®
		J1437
		Naglazyme®
		J1458
		Nexviazyme®
		J0219
		Nplate®
		J2796
		Nucala®
		J2182
		Ocrevus™
		J2350
		Octreotide Acetate
		J2354
		Onpattro™
		J0222
		Orencia®
		J0129
		Oxlumo™
		J0224
		Panzyga®
		J1576
		Parsabiv™
		J0606
		Probuphine®
		J0570
		Prolastin C®
		J0256

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

Prolia®				
J0897*****				
Radicava®				
J1301				
Reblozyl®				
J0896				
Remicade®				
J1745				
Renflexis®				
Q5104				
Riabni™				
Q5123				
Releuko®				
Q5125				
Revcovi®				
J3590				
Rituxan®				
J9312				
Rituxan Hycela®				
J9311				
Rolvedon™				
J1449				
Ruconest®				
J0596				
Ruxience®				
Q5119				
Ryplazim®				
J2998				
Sandostatin® LAR				
J2353				
Saphnelo™				
J0491				
Scenesse®				
J7352				
Signifor® LAR				
J2502				
Simponi Aria®				
J1602				
Skyrizi®				
J2327				
Sodium Hyaluronate				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		J7331	J7332		
		Soliris®*			
		J1300			
		Somatuline® Depot			
		J1930			
		Spinraza™			
		J2326			
		Spravato™			
		S0013			
		Spevigo®			
		J1747			
		Stelara®			
		J3358			
		Stimufend®			
		Q5127			
		Sunlenca			
		J1961			
		Supprelin® LA			
		J9226			
		Synagis®			
		90378			
		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
		Therapeutic Radiopharmaceuticals***			
		A9513	A9590	A9606	A9607
		A9699			
		Trelstar®			
		J3315			
		Triptodur®			
		J3316			
		Trogarzo™			
		J1746			
		Truxima®			
		Q5115			
		Tzield™			
		J9381			
		Ultomiris™			
		J1303			
		Unclassified and temporary codes**			
		C9149	C9151	J3490	J3590
		Uplizna®			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)		J1823			
		Viltepso™			
		J1427			
		Vimizim®			
		J1322			
		Vyepti™			
		J3032			
		Vyondys 53®			
		J1429			
		Vyvgart™			
		J9332			
		White blood cell colony stimulating factors****			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		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 > 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 Lamzede® (Eff-10/1/23), Nulibry™, Purified Cortrophin™ Gel and Syfovre™

***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 tile on your Provider Portal dashboard. Or, call 888-397-8129.

****Codes J1442, J1447 J2506, Q5101, Q5108, Q5110 Q5111,

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)		<p>Q5120, Q5122 and Q5125, white blood cell colony-stimulating factors, prior authorization is required for both oncology and non-oncology DX.</p> <p>For oncology DX, please see Cancer supportive care section above.</p> <p>For non-oncology DX, submit online at UHCProvider.com > UnitedHealthcare Provider Portal > Prior Authorization and Notification tile on your Provider Portal dashboard or call 877-842-3210.</p> <p>***** For code J0885, prior authorization is required for both oncology and non-oncology DX.</p> <p>Prior authorization is not required for ESRD diagnosis.</p> <p>***** Prior authorization required for J0897 for non oncology DX.</p>			
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Inpatient admissions – post-acute services	<p>Prior authorization and notification of admission date is required for facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 				
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Joint replacement 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		

MR-Guided Focused Ultrasound	Prior authorization required	0404T	58674		
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Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
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Orthognathic surgery 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	

Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative	L0170	L0480	L0482	L0484
		L0486	L0629	L0631	L0632
		L0634	L0636	L0640	L0700

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)	rental cost of more than \$500.	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
		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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6900 L1820	L6905	L6910	L6915
Out-of-network services A referral to a health care provider who is not contracted with UnitedHealthcare	Prior authorization required for out-of-network services				
Outpatient therapy	Prior Authorization required	92507 97012 97022 97032 97036 97113 97139 97170 97533 97545 97761	92508 97014 97024 97033 97039 97116 97140 97171 97535 97546 97763	92526 97016 97026 97034 97110 97124 97150 97172 97537 97750	97010 97018 97028 97035 97112 97129 97169 97530 97542 97755
Potentially unproven services	Prior authorization required	33289	C2624		
Private duty nursing	Prior authorization required	T1000	T1001		
Prostate procedures	Prior authorization required	37243 53852	52441 55866	52442 55873	53850 55874
Radiation therapy	Prior authorization required	IGRT 77014 77387 IMRT Intensity-Modulated Radiation Therapy 77385 77386 Proton Beam Therapy Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 Special/Associated Services 77331 77370 77399 77470 SBRT/SRS 77371 77372 77373 Standard Radiation Therapy (2D/3D) 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			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Radiation therapy (cont.)		Y90			
			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		

Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers 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 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 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/OHcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>			
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Respite services	Prior authorization required	H0045	S5150	S5151	
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			

Sinuplasty	Prior authorization required	31295	31296	31297	31298
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Site of service (SOS) – outpatient hospital	<p>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>	Auditory System			
		69205			
		Cardiovascular System			
		36590	36832		
		Carpal Tunnel Surgery			
		64721			
		Cataract Surgery			
		66821	66982	66984	66987
		66988			
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic & Reconstructive			
		13101	13132	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		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
	ENT Procedures				
		21320	30140	30520	69436
		69631			
	Eye and Ocular Adnexa				
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
	Female Genital System				
		57240	57250	57461	57520
		58561	58562		
	Gender Dysphoria Treatment				
		14040	14060	14301	
	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	29806
		29807	29819	29822	29823
		29824	29825	29826	29827
		29828	29835	29840	29845
		29846	29848	29861	29875
		29876	29877	29879	29880

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		29881	29882	29888	29893
		G0260			
		Nervous System			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory System			
		30802	30930	31525	31535
		31536	31541	31624	
		Tonsillectomy & 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	54161
	55040	55700	57288		
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal surgery	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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Spinal surgery (cont.)		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
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone Growth Stimulator			
		E0747	E0748	E0760	
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590			
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 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			
		CAR T-Cell Therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		
		Gene Therapy			
		C9399**	J3490**	J3590**	

*Prior authorization for code 38232 is only required for an oncology diagnosis.

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Transplants <p style="text-align: right;">**Skysona™ and Zynteglo™ will require prior authorization through Optum Transplant.</p>					
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD)					
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 855-282-8929 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509