

# Prior authorization requirements for UnitedHealthcare Community Plan of Pennsylvania CHIP

Effective Mar. 1, 2025

## General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Pennsylvania CHIP health care professionals providing inpatient and outpatient services. Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Phone:** Call **800-600-9007**
- **Fax:** 877-310-3826

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.

| Procedures and services   | Additional information  | CPT® or HCPCS codes and how to obtain prior authorization   |       |       |       |
|---|---|---|-------|-------|-------|
| <b>Abortion</b>   | Prior authorization required  | 59840   | 59841 | 59850 | 59851 |
|   |   | 59852   | 59855 | 59856 | 59857 |
|   |   | 59866   |       |       |       |
| <b>Bariatric surgery</b><br>Bariatric surgery and specific obesity-related services       | Prior authorization required  | 43644   | 43645 | 43659 | 43770 |
|   |   | 43775   | 43842 | 43845 | 43846 |
|   |   | 43847   | 43848 | 43860 |       |
| <b>Behavioral health services</b>   | Prior authorization required  | For specific codes requiring prior authorization, please call the number on the back of the member's health plan ID card when referring for mental health and substance abuse/substance use services. |       |       |       |
|   | Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. |   |       |       |       |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures   | Prior authorization required  | 20975   | 20979 |       |       |
| <b>BRCA genetic testing</b>   | Prior authorization required  | 81162   | 81212 | 81216 | 81432 |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast except when | Prior authorization required  | 11971   | 19316 | 19318 | 19325 |
|   |   | 19328   | 19330 | 19340 | 19342 |
|   |   | 19350   | 19357 | 19361 | 19364 |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |  |  |  |
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|                      |  |       |       |       |       |
|----------------------|--|-------|-------|-------|-------|
| following Mastectomy |  | 19367 | 19368 | 19369 | 19370 |
|                      |  | 19371 | 19380 | 19396 | L8600 |

|                                       |   |  |  |  |  |
|---------------------------------------|---|--|--|--|--|
| <b>Cancer supportive care</b>         | Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis<br><br>*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below. | <b><u>Antiemetics</u></b>  |  |  |  |
|                                       |   | Fosaprepitant, 1 mg (Emend for Injection) J1453  |  |  |  |
|                                       |   | Fosaprepitant (Teva) J1456   |  |  |  |
|                                       |   | Fosnetupitant 235 mg and palonosetron 0.25 mg J1454  |  |  |  |
|                                       |   | Granisetron, extended-release J1627  |  |  |  |
|                                       |   | <b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b> |  |  |  |
|                                       |   | Eflapegrastim-xnst (Rolvedon®) J1449   |  |  |  |
|                                       |   | Filgrastim (Neupogen®) J1442*  |  |  |  |
|                                       |   | Filgrastim-aafi (Nivestym™) Q5110*   |  |  |  |
|                                       |   | Filgrastim-ayow (Releuko®) Q5125*  |  |  |  |
|                                       |   | Filgrastim-sndz (Zarxio®) Q5101*   |  |  |  |
|                                       |   | Pegfilgrastim (Neulasta®) J2506*   |  |  |  |
|                                       |   | Pegfilgrastim-appgf, biosimilar (Nyvepria®) Q5122*   |  |  |  |
|                                       |   | Pegfilgrastim-bmez (Ziextenzo®) Q5120*   |  |  |  |
|                                       |   | Pegfilgrastim-cbqv (UDENYCA™) Q5111*   |  |  |  |
| Pegfilgrastim-jmdb (Fulphila™) Q5108* |   |  |  |  |  |
| Sargramostim (Leukine®) J2820         |   |  |  |  |  |
| Tbo-filgrastim (Granix®) J1447*       |   |  |  |  |  |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
|-------------------------|------------------------|---|
|-------------------------|------------------------|---|

|                                |  |  |
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| Cancer supportive care (cont.) |  | Trilaciclib (Cosela®)<br>J1448*  |
|                                |  | <b><u>Bone-modifying agent that requires prior authorization:</u></b><br>Denosumab (Xgeva®)<br>J0897<br><b><u>Erythropoiesis-Stimulating Agents</u></b><br>J0885 |

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|            |  |  |
|------------|--|--|
| Cardiology | Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance | Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal at <a href="http://UHCprovider.com">UHCprovider.com</a> . Or, you can call <b>866-889-8054</b> .<br><br>For more details and the list of CPT codes requiring prior authorization, please see <a href="#">Cardiology Prior Authorization and Notification</a> . |
|------------|--|--|

|                |  |   |         |         |         |
|----------------|--|---|---------|---------|---------|
| Cardiovascular | Prior authorization required for the codes listed. | 37220*  | 37221*  | 37224*  | 37225*  |
|                |  | 37226*  | 37227*  | 37228*  | 37229*  |
|                |  | 37230*  | 37231*  | 93580   |         |
|                |  | * Prior authorization 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 |
|                |  | 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 |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |          |          |          |
|-------------------------|------------------------|---|----------|----------|----------|
| Cardiovascular (cont.)  |                        | I70.533   | I70.534  | I70.535  | I70.538  |
|                         |                        | I70.539   | I70.541  | I70.542  | I70.543  |
|                         |                        | I70.544   | I70.545  | I70.548  | I70.549  |
|                         |                        | I70.561   | I70.562  | I70.563  | I70.568  |
|                         |                        | I70.569   | I70.621  | I70.622  | I70.623  |
|                         |                        | I70.628   | I70.629  | I70.631  | I70.632  |
|                         |                        | I70.633   | I70.634  | I70.635  | I70.638  |
|                         |                        | I70.639   | I70.641  | I70.642  | I70.643  |
|                         |                        | I70.644   | I70.645  | I70.648  | I70.649  |
|                         |                        | I70.661   | I70.662  | I70.663  | I70.668  |
|                         |                        | I70.669   | I70.721  | I70.722  | I70.723  |
|                         |                        | I70.728   | I70.729  | I70.731  | I70.732  |
|                         |                        | I70.733   | I70.734  | I70.735  | I70.738  |
|                         |                        | I70.739   | I70.741  | I70.742  | I70.743  |
|                         |                        | I70.744   | I70.745  | I70.748  | I70.749  |
|                         |                        | I70.761   | I70.762  | I70.763  | I70.768  |
|                         |                        | I70.769   | I72.3    | I72.4    | I72.8    |
|                         |                        | I72.9   | I77.2    | I77.70   | I77.72   |
|                         |                        | I77.77  | I77.79   | I74.3    | I74.4    |
|                         |                        | I74.5   | I74.8    | I74.9    | I75.021  |
|                         |                        | I75.022   | I75.023  | I75.029  | I75.89   |
|                         |                        | T82.818A  | T82.868A | S81.801A | S81.802A |
|                         |                        | S81.809A  | S91.301A | S91.302A | S91.309A |
|                         |                        | M86.051   | M86.052  | M86.059  | M86.061  |
|                         |                        | M86.062   | M86.069  | M86.071  | M86.072  |
|                         |                        | M86.079   | M86.08   | M86.09   | M86.1    |
|                         |                        | M86.10  | M86.151  | M86.152  | M86.159  |
|                         |                        | M86.161   | M86.162  | M86.169  | M86.171  |
|                         |                        | M86.172   | M86.179  | M86.18   | M86.19   |
|                         |                        | M86.20  | M86.251  | M86.252  | M86.259  |
|                         |                        | M86.261   | M86.262  | M86.269  | M86.271  |
|                         |                        | M86.272   | M86.279  | M86.28   | M86.29   |
|                         |                        | M86.30  | M86.351  | M86.352  | M86.359  |
|                         |                        | M86.361   | M86.362  | M86.369  | M86.371  |
|                         |                        | M86.372   | M86.379  | M86.38   | M86.39   |
|                         |                        | M86.40  | M86.451  | M86.452  | M86.459  |
|                         |                        | M86.461   | M86.462  | M86.469  | M86.471  |
|                         |                        | M86.472   | M86.479  | M86.48   | M86.49   |
|                         |                        | M86.50  | M86.551  | M86.552  | M86.559  |
|                         |                        | M86.561   | M86.562  | M86.571  | M86.572  |
|                         |                        | M86.579   | M86.58   | M86.59   | M86.60   |
|                         |                        | M86.651   | M86.652  | M86.659  | M86.661  |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and how to obtain prior authorization   |          |          |          |
|---|---|---|----------|----------|----------|
| <b>Cardiovascular (cont.)</b>   |   | 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 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 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 using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at <a href="http://UHCprovider.com">UHCprovider.com</a> . Once you sign in, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b> . |          |          |          |
| <b>Cochlear implants and other auditory implants</b>  | Prior authorization required  | 69710   | 69714    | 69930    | L8614    |
| A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech |   | L8619   | L8690    | L8691    | L8692    |
| <b>Continuous glucose monitor</b>   | Prior authorization required with type 2 diabetes diagnosis   | A4226   | A4239    | A9276    | A9277    |
|   |   | A9278   | E0787    | E2102    | E2103    |
| <b>Cosmetic and reconstructive</b>  | Prior authorization required  | 11960   | 14020**  | 14021**  | 14061**  |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function                |   | 15820   | 15821    | 15822    | 15823    |
|   |   | 15830   | 15847    | 15877    | 15878*   |
|   |   | 15879*  | 17106    | 17107    | 17108    |
|   |   | 17999   | 21137    | 21138    | 21139    |
|   |   | 21172   | 21175    | 21179    | 21180    |
|   |   | 21181   | 21182    | 21183    | 21184    |
| Reconstructive procedures that treat a medical  |   | 21230   | 21235    | 21256    | 21275    |
|   |   | 21280   | 21282    | 21295    | 21740    |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |  |  |
|-------------------------|------------------------|---|--|--|
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|  |       |       |       |       |
|--|-------|-------|-------|-------|
| condition or improve or restore physiologic function | 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 |       |       |

\*Gender Dysphoria may apply

\*\*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  |
| 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  |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|---|--|--|--|
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|  |  |         |         |         |         |
|--|--|---------|---------|---------|---------|
| <b>Cosmetic and reconstructive (cont.)</b> |  | 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>Durable medical equipment (DME)</b> | Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500 | A9279   | A9280 | A9900 | E0194 |       |
|  |  | E0265   | E0266 | E0270 | E0277 |       |
|  |  | E0300   | E0328 | E0329 | E0445 |       |
|  |  | E0457   | E0460 | E0465 | E0466 |       |
|  |  | E0470   | E0471 | E0483 | E0486 |       |
|  |  | Prosthetics are not DME – See orthotics and prosthetics | E0620 | E0636 | E0637 | E0652 |
|  |  |   | E0656 | E0669 | E0670 | E0675 |
|  |  |   | E0693 | E0694 | E0700 | E0710 |
|  |  |   | E0745 | E0762 | E0764 | E0766 |
|  |  |   | E0784 | E0984 | E0986 | E1002 |
|  |  |   | E1003 | E1004 | E1005 | E1006 |
|  | E1007  |   | E1008 | E1009 | E1010 |       |
|  | E1030  |   | E1035 | E1036 | E1130 |       |
|  | E1161  |   | E1229 | E1231 | E1232 |       |
|  | E1233  |   | E1234 | E1235 | E1236 |       |
|  | E1237  |   | E1238 | E1239 | E1825 |       |
|  | E2100  | E2227   | E2228 | E2230 |       |       |
|  | E2298  | E2301   | E2310 | E2311 |       |       |
|  | E2322  | E2325   | E2327 | E2329 |       |       |
|  | E2331  | E2351   | E2373 | E2510 |       |       |
|  | E2511  | E2512   | E2599 | E2626 |       |       |
|  | E2627  | E2628   | E2629 | E2630 |       |       |
|  | E8000  | E8001   | E8002 | K0005 |       |       |
|  | K0008  | K0013   | K0108 | K0812 |       |       |
|  | K0830  | K0831   | 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  | T1999   | T5999 | V2786 |       |       |

| Procedures and services  | Additional information       | CPT® or HCPCS codes and how to obtain prior authorization          |         |       |       |
|--|------------------------------|--|---------|-------|-------|
| <b>Durable medical equipment (DME) (cont.)</b>   |                              | V5269  | V5270   | V5271 | V5272 |
|  |                              | V5274  | V5281   | V5282 | V5283 |
|  |                              | V5286  | V5287   | V5288 | V5290 |
| <b>Enteral services</b><br>In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B4034  | B4035   | B4036 | B4100 |
|  |                              | B4102  | B4103   | B4104 | B4149 |
|  |                              | B4150  | B4152   | B4153 | B4155 |
|  |                              | B4158  | B4159   | B4160 | B4161 |
|  |                              | B9002  | B9998   |       |       |
| <b>Experimental and investigational (and/or linked services)</b>                                     | Prior authorization required |  | 33477   | 36514 | 64722 |
|  |                              | 65765  | 65767   | 66180 | A4638 |
|  |                              | A6000  | A9274   | E0231 | E1831 |
|  |                              | S0810  | S1030   | S1031 | S2102 |
|  |                              | S9988  | S9990   | S9991 |       |
| <b>Femoroacetabular impingement syndrome (FAI)</b>   | Prior authorization required | 29916  |         |       |       |
| <b>Functional endoscopic sinus surgery (FESS)</b>  | Prior authorization required | 31240  | 31253   | 31254 | 31255 |
|  |                              | 31256  | 31257   | 31259 | 31267 |
|  |                              | 31276  | 31287   | 31288 |       |
| <b>Gender dysphoria treatment</b>  | Prior authorization required | 55970  | 55980   |       |       |
|  |                              | These <b>surgical codes</b> , with the following <b>DX codes</b> : |         |       |       |
|  |                              | F64.0  | F64.1   | F64.2 | F64.8 |
|  |                              | F64.9  | Z87.890 |       |       |
|  |                              | 11950  | 11951   | 11952 | 11954 |
|  |                              | 11980  | 14000   | 14001 | 14041 |
|  |                              | 15734  | 15738   | 15750 | 15757 |
|  |                              | 15758  | 15775   | 15776 | 15777 |
|  |                              | 15780  | 15781   | 15782 | 15783 |
|  |                              | 15787  | 15788   | 15789 | 15792 |
|  |                              | 15793  | 15824   | 15825 | 15826 |
|  |                              | 15828  | 15829   | 15832 | 15833 |
|  |                              | 15834  | 15835   | 15836 | 15837 |
|  |                              | 15838  | 15839   | 15876 | 17380 |
|  |                              | 19303  | 21083   | 21087 | 21120 |
|  |                              | 21122  | 21173   | 21270 | 21899 |
|  |                              | 31599  | 31750   | 31899 | 45399 |
|  |                              | 45999  | 53410   | 53430 | 54125 |
|  |                              | 54520  | 54660   | 54690 | 55175 |
|  |                              | 55180  | 56625   | 56800 | 56805 |
| 57110  | 57335                        | 58541  | 58554   |       |       |
| 58661  | 58720                        | 58940  | 58999   |       |       |
| 64856  | 64892                        | 64896  | 69300   |       |       |
| 90785  | 96372                        |  |         |       |       |



| Procedures and services              | Additional information  | CPT® or HCPCS codes and how to obtain prior authorization |  |       |       |       |       |
|--------------------------------------|---|---|--|-------|-------|-------|-------|
| <b>Genetic and molecular testing</b> | Prior authorization is required for genetic and molecular testing performed in an outpatient setting.   | 0018U   | 0022U  | 0023U | 0026U |       |       |
|                                      |   | 0055U   | 0060U  | 0087U | 0088U |       |       |
|                                      |   | 0129U   | 0171U  | 0173U | 0175U |       |       |
|                                      |   | 0179U   | 0209U  | 0214U | 0215U |       |       |
|                                      |   | 0216U   | 0217U  | 0237U | 0238U |       |       |
|                                      | Home care professional 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 <b>Genetic and molecular testing prior authorization/notification</b> program for each specified genetic test. | 0245U   | 0250U  | 0262U | 0265U |       |       |
|                                      |   | 81163   | 81164  | 81228 | 81229 |       |       |
|                                      |   | 81277   | 81400  | 81401 | 81402 |       |       |
|                                      |   | 81403   | 81404  | 81405 | 81406 |       |       |
|                                      |   | 81407   | 81408  | 81410 | 81411 |       |       |
|                                      |   | 81412   | 81413  | 81414 | 81415 |       |       |
|                                      |   | 81416   | 81417  | 81431 | 81435 |       |       |
|                                      |   | 81437   | 81439  | 81440 | 81445 |       |       |
|                                      |   | 81448   | 81460  | 81465 | 81479 |       |       |
|                                      |   | 81518   | 81519  | 81520 | 81521 |       |       |
|                                      |   | 81522   | 81546  | 81595 | 81599 |       |       |
|                                      |   | 87505   | 87506  | 87507 | S3870 |       |       |
|                                      |   | <b>Home health services</b>                               | Prior authorization required only in outpatient settings, to include member's home | G0156 | G0162 | G0299 | G0300 |
|                                      |   |   |  | G0493 | G0494 | G0495 | G0496 |
|                                      |   |   |  | S9122 | S9123 | S9124 | S9474 |
| <b>Hospice</b>                       | Prior authorization required  | T2045   |  |       |       |       |       |
| <b>Hysterectomy</b>                  | Prior authorization required  | 58150   | 58152  | 58180 | 58260 |       |       |
|                                      |   | 58262   | 58263  | 58267 | 58270 |       |       |
|                                      |   | 58290   | 58291  | 58292 | 58542 |       |       |
|                                      |   | 58543   | 58544  | 58550 | 58552 |       |       |
|                                      |   | 58553   | 58570  | 58571 | 58572 |       |       |
|                                      | 58573   |   |  |       |       |       |       |
| <b>Injectable medications</b>        | Prior authorization required*   | <b>Actemra®</b>   |  |       |       |       |       |
|                                      |   | J3262   |  |       |       |       |       |
|                                      |   | <b>Acthar®</b>  |  |       |       |       |       |
|                                      |   | J0801   |  |       |       |       |       |
|                                      |   | <b>Adakveo®</b>   |  |       |       |       |       |
|                                      |   | J0791   |  |       |       |       |       |
|                                      |   | <b>Aduhelm</b>  |  |       |       |       |       |
| J0172                                |   |   |  |       |       |       |       |
|                                      | <b>Advate, Kogenate FS, Reombinate</b>  |   |  |       |       |       |       |

| Procedures and services        | Additional information | CPT® or HCPCS codes and how to obtain prior authorization   |
|--------------------------------|------------------------|---|
| Injectable medications (cont.) |                        | J7192<br><b>Adynovate</b><br>J7207<br><b>Adzyna</b><br>J7171<br><b>Afstyla</b><br>J7210<br><b>Aldurazyme®</b><br>J1931<br><b>Alphanate</b><br>J7186<br><b>AlphaNine SD, Mononine</b><br>J7193<br><b>Alprolix</b><br>J7201<br><b>Altuviio</b><br>J7214<br><b>Amondys 45</b><br>J1426<br>Amvuttra Σ<br>J0225<br><b>Aralast® NP, Prolastin-C®, Zemaira®</b><br>J0256<br><b>Aranesp</b><br>J0881<br><b>Arcalyst</b><br>J2793<br><b>Aveed</b><br>J3145<br><b>Avsola™</b><br>Q5121<br>Benefix, Ixinity<br>J7195<br><b>Benlysta</b><br>J0490<br>Beovu<br>J0179<br><b>Beqvez</b><br>J1414<br><b>Berinert</b><br>J0597<br><b>Boniva (ibandronate)</b><br>J1740 |

| Procedures and services        | Additional information                            | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|--------------------------------|---|---|-------|-------|-------|
| Injectable medications (cont.) | <b>Botulinum toxins</b>                           | J0585   | J0586 | J0587 | J0588 |
|                                | <b>Brineura™</b>                                  | J0567   |       |       |       |
|                                | <b>Briumvi®</b>                                   | J2329   |       |       |       |
|                                | <b>Byooviz</b>                                    | Q5124   |       |       |       |
|                                | <b>Cerezyme®</b>                                  | J1786   |       |       |       |
|                                | <b>Chlorpromazine</b>                             | J3230   |       |       |       |
|                                | <b>Cimerli</b>                                    | Q5128   |       |       |       |
|                                | <b>Cimzia®</b>                                    | J0717   |       |       |       |
|                                | <b>Cinqair®</b>                                   | J2786   |       |       |       |
|                                | <b>Cinryze®</b>                                   | J0598   |       |       |       |
|                                | <b>Cinvanti</b>                                   | J0185   |       |       |       |
|                                | <b>Coagadex</b>                                   | J7175   |       |       |       |
|                                | <b>Corifact</b>                                   | J7180   |       |       |       |
|                                | <b>Cortrophin® Gel</b>                            | J0802   |       |       |       |
|                                | <b>Cosentyx IV</b>                                | J3247   |       |       |       |
|                                | <b>Crysvita®</b>                                  | J0584   |       |       |       |
|                                | <b>Cutaquig®</b>                                  | J1551   |       |       |       |
|                                | <b>Daxxify</b>                                    | J0589   |       |       |       |
|                                | <b>Depo-Testosterone (testosterone cypionate)</b> | J1071   |       |       |       |
|                                | <b>Durolane</b>                                   | J7318   |       |       |       |
|                                | <b>Elaprase®</b>                                  | J1743   |       |       |       |
|                                | <b>Elelyso®</b>                                   | J3060   |       |       |       |

| Procedures and services        | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
|--------------------------------|------------------------|---|
| Injectable medications (cont.) |                        | <b>Elevidys</b>   |
|                                |                        | J1413   |
|                                |                        | <b>Elfabrio®</b>  |
|                                |                        | J2508   |
|                                |                        | <b>Eloctate</b>   |
|                                |                        | J7205   |
|                                |                        | <b>Enjaymo™</b>   |
|                                |                        | J1302   |
|                                |                        | <b>Entyvio®</b>   |
|                                |                        | J3380   |
|                                |                        | <b>Epogen, Procrit</b>                                    |
|                                |                        | J0885   |
|                                |                        | <b>Esperoct</b>   |
|                                |                        | J7204   |
|                                |                        | <b>Euflexxa</b>   |
|                                |                        | J7323   |
|                                |                        | EvenityΣ  |
|                                |                        | J3111   |
|                                |                        | <b>Evkeeza™</b>   |
|                                |                        | J1305   |
|                                |                        | <b>Exondys 51™</b>  |
|                                |                        | J1428   |
|                                |                        | <b>Eylea</b>  |
|                                |                        | J0178   |
|                                |                        | <b>Eylea HD</b>   |
|                                |                        | J0177   |
|                                |                        | <b>Fabrazyme®</b>   |
|                                |                        | J0180   |
|                                |                        | <b>Fasenra™</b>   |
|                                |                        | J0517   |
|                                |                        | <b>Feiba NF</b>   |
|                                |                        | J7198   |
|                                |                        | <b>Fensolvi®</b>  |
|                                |                        | J1951   |
|                                |                        | <b>Feraheme®</b>  |
|                                |                        | Q0138   |
|                                |                        | <b>Fibryga</b>  |
|                                |                        | J7177   |
|                                |                        | <b>Firmagon®</b>  |
|                                |                        | J9155   |
|                                |                        | <b>Fluphenazine</b>                                       |
|                                |                        | J2679   |
|                                |                        | <b>Fynetra</b>  |

| Procedures and services        | Additional information                                      | CPT® or HCPCS codes and how to obtain prior authorization |       |  |  |
|--------------------------------|---|---|-------|--|--|
| Injectable medications (cont.) | Q5130   |   |       |  |  |
|                                | <b>Gamifant®</b>  |   |       |  |  |
|                                | J9210   |   |       |  |  |
|                                | <b>Gelsyn-3</b>   |   |       |  |  |
|                                | J7328   |   |       |  |  |
|                                | <b>Geodon (ziprasidone mesylate)</b>                        |   |       |  |  |
|                                | J3486   |   |       |  |  |
|                                | <b>Givlaari®</b>  |   |       |  |  |
|                                | J0223   |   |       |  |  |
|                                | <b>Glassia</b>  |   |       |  |  |
|                                | J0257   |   |       |  |  |
|                                | <b>Haloperidol Decanoate</b>                                |   |       |  |  |
|                                | J1631   |   |       |  |  |
|                                | <b>Hemgenix</b>   |   |       |  |  |
|                                | J1411   |   |       |  |  |
|                                | <b>Hemlibra</b>   |   |       |  |  |
|                                | J7170   |   |       |  |  |
|                                | <b>Hemophilia clotting factor, not otherwise classified</b> |   |       |  |  |
|                                | J7199   |   |       |  |  |
|                                | <b>Humate-P</b>   |   |       |  |  |
|                                | J7187   |   |       |  |  |
|                                | <b>Idelvion</b>   |   |       |  |  |
|                                | J7202   |   |       |  |  |
|                                | <b>Ilaris®</b>  |   |       |  |  |
|                                | J0638   |   |       |  |  |
|                                | <b>Ilumya™</b>  |   |       |  |  |
|                                | J3245   |   |       |  |  |
|                                | <b>Inflectra®</b>   |   |       |  |  |
|                                | Q5103   |   |       |  |  |
|                                | <b>Injectafer®</b>  |   |       |  |  |
| J1439                          |   |   |       |  |  |
| <b>IVIG</b>                    |   |   |       |  |  |
| 90283                          | 90284   | J1459   | J1552 |  |  |
| J1554                          | J1555   | J1556   | J1557 |  |  |
| J1559                          | J1561   | J1566   | J1568 |  |  |
| J1569                          | J1572   | J1575   | J1599 |  |  |
| <b>Ixinity</b>                 |   |   |       |  |  |
| J7213                          |   |   |       |  |  |
| <b>Izervay</b>                 |   |   |       |  |  |
| J2782                          |   |   |       |  |  |
| <b>Jivi</b>                    |   |   |       |  |  |
| J7208                          |   |   |       |  |  |
| <b>Kalbitor®</b>               |   |   |       |  |  |
|                                | J1290   |   |       |  |  |

| Procedures and services        | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
|--------------------------------|------------------------|---|
| Injectable medications (cont.) |                        | <b>Kanuma®</b><br>J2840                                   |
|                                |                        | <b>Kisunla</b><br>J0175                                   |
|                                |                        | <b>Koate, Hemofil M</b><br>J7190                          |
|                                |                        | <b>Kovaltry</b><br>J7211                                  |
|                                |                        | <b>Korsuva®</b><br>J0879                                  |
|                                |                        | <b>Krystexxa®</b><br>J2507                                |
|                                |                        | <b>Lamzede</b><br>J0217                                   |
|                                |                        | <b>Lanreotide</b><br>J1932                                |
|                                |                        | <b>Lemtrada®</b><br>J0202                                 |
|                                |                        | <b>Leqembi®</b><br>J0174                                  |
|                                |                        | <b>Leqvio®</b><br>J1306                                   |
|                                |                        | <b>Lucentis</b><br>J2778                                  |
|                                |                        | <b>Lumizyme®</b><br>J0221                                 |
|                                |                        | <b>Lupron Depot®</b><br>J1950                             |
|                                |                        | <b>Lupron Depot, Eligard®</b><br>J9217                    |
|                                |                        | <b>Luxturna™</b><br>J3398                                 |
|                                |                        | <b>Mepsevii®</b><br>J3397                                 |
|                                |                        | <b>Miacalcin (calcitonin)</b><br>J0630                    |
|                                |                        | <b>Mircera</b><br>J0888                                   |
|                                |                        | <b>Monoferric®</b><br>J1437                               |
|                                |                        | <b>Naglazyme®</b><br>J1458                                |
|                                |                        | <b>Nexviazyme®</b>  |

| Procedures and services        | Additional information | CPT® or HCPCS codes and how to obtain prior authorization  |
|--------------------------------|------------------------|--|
| Injectable medications (cont.) |                        | J0219<br><b>Novoeight</b><br>J7182<br><b>NovoSeven RT</b><br>J7189<br><b>Nplate®</b><br>J2802<br><b>Nucala®</b><br>J2182<br><b>Nuwiq</b><br>J7209<br><b>Obizur</b><br>J7188<br><b>Ocrevus™</b><br>J2350<br><b>Octreotide Acetate</b><br>J2354<br><b>OmvoH IV</b><br>J2267<br><b>Onpattro™</b><br>J0222<br><b>Orencia®</b><br>J0129<br><b>Oxlumo™</b><br>J0224<br><b>Panzyga®</b><br>J1576<br><b>Parsabiv™</b><br>J0606<br><b>Phenergan (promethazine)</b><br>J2550<br><b>Pombiliti</b><br>J1203<br><b>Profilnine</b><br>J7194<br><b>Prolia® ***</b><br>J0897<br><b>Qalsody®</b><br>J1304<br><b>Radicava®</b><br>J1301<br><b>Rebinyn</b><br>J7203 |

| Procedures and services        | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |
|--------------------------------|------------------------|---|
| Injectable medications (cont.) |                        | <b>Reblozyl®</b><br>J0896                                 |
|                                |                        | <b>Reclast, Zoledronic Acid</b><br>J3489                  |
|                                |                        | <b>Releuko®</b><br>Q5125                                  |
|                                |                        | <b>Remicade®</b><br>J1745                                 |
|                                |                        | <b>Renflexis®</b><br>Q5104                                |
|                                |                        | <b>Retacrit</b><br>Q5106                                  |
|                                |                        | <b>Riabni™</b><br>Q5123                                   |
|                                |                        | <b>RiaSTAP</b><br>J7178                                   |
|                                |                        | <b>Rituxan®</b><br>J9312                                  |
|                                |                        | <b>Rituxan Hycela®</b><br>J9311                           |
|                                |                        | <b>Rixubis</b><br>J7200                                   |
|                                |                        | <b>Roctavian</b><br>J1412                                 |
|                                |                        | <b>Rolvedon</b><br>J1449                                  |
|                                |                        | <b>Ruconest®</b><br>J0596                                 |
|                                |                        | <b>Ruxience®</b><br>Q5119                                 |
|                                |                        | <b>Ryplazim®</b><br>J2998                                 |
|                                |                        | <b>Rystiggo</b><br>J9333                                  |
|                                |                        | <b>Sandostatin® LAR</b><br>J2353                          |
|                                |                        | <b>Saphnelo®</b><br>J0491                                 |
|                                |                        | <b>Scenesse®</b><br>J7352                                 |
|                                |                        | <b>SevenFACT</b><br>J7212                                 |
|                                |                        | <b>Signifor® LAR</b>                                      |



| Procedures and services        | Additional information   | CPT® or HCPCS codes and how to obtain prior authorization |       |       |  |
|--------------------------------|--------------------------|---|-------|-------|--|
| Injectable medications (cont.) | J2502                    |   |       |       |  |
|                                | <b>Simponi Aria®</b>     |   |       |       |  |
|                                | J1602                    |   |       |       |  |
|                                | <b>Skyrizi®</b>          |   |       |       |  |
|                                | J2327                    |   |       |       |  |
|                                | Sodium Hyaluronate       |   |       |       |  |
|                                | J7320                    | J7321   | J7322 | J7324 |  |
|                                | J7325                    | J7326   | J7327 | J7329 |  |
|                                | J7331                    | J7332   |       |       |  |
|                                | <b>Soliris®</b>          |   |       |       |  |
|                                | J1300                    |   |       |       |  |
|                                | <b>Somatuline® Depot</b> |   |       |       |  |
|                                | J1930                    |   |       |       |  |
|                                | <b>Spevigo</b>           |   |       |       |  |
|                                | J1747                    |   |       |       |  |
|                                | <b>Spinraza™</b>         |   |       |       |  |
|                                | J2326                    |   |       |       |  |
|                                | <b>Spravato®</b>         |   |       |       |  |
|                                | S0013                    |   |       |       |  |
|                                | <b>Stelara</b>           |   |       |       |  |
|                                | J3358                    |   |       |       |  |
|                                | <b>Stimufend</b>         |   |       |       |  |
|                                | Q5127                    |   |       |       |  |
|                                | <b>Sublocade™</b>        |   |       |       |  |
|                                | Q9991                    |   | Q9992 |       |  |
|                                | <b>Sunlenca</b>          |   |       |       |  |
|                                | J1961                    |   |       |       |  |
|                                | <b>Supprelin® LA</b>     |   |       |       |  |
|                                | J9226                    |   |       |       |  |
|                                | <b>Susvimo</b>           |   |       |       |  |
| J2779                          |                          |   |       |       |  |
| <b>Syfovre™</b>                |                          |   |       |       |  |
| J2781                          |                          |   |       |       |  |
| <b>Synagis®</b>                |                          |   |       |       |  |
| 90378                          |                          |   |       |       |  |
| <b>Tepezza®</b>                |                          |   |       |       |  |
| J3241                          |                          |   |       |       |  |
| <b>Testopel</b>                |                          |   |       |       |  |
| S0189                          |                          |   |       |       |  |
| <b>Testosterone Enanthate</b>  |                          |   |       |       |  |
| J3121                          |                          |   |       |       |  |
| <b>Tezspire™</b>               |                          |   |       |       |  |
| J2356                          |                          |   |       |       |  |

| Procedures and services        | Additional information | CPT® or HCPCS codes and how to obtain prior authorization  |
|--------------------------------|------------------------|--|
| Injectable medications (cont.) |                        | <b>Therapeutic Radiopharmaceuticals</b><br>A9607<br><b>Tigan</b><br>J3250<br><b>Tofidence</b><br>Q5133<br><b>Trelstar®</b><br>J3315<br><b>Tremfya IV</b><br>J1628<br><b>Tretten</b><br>J7181<br><b>Triptodur®</b><br>J3316<br><b>Trogarzo™</b><br>J1746<br><b>Truxima®</b><br>Q5115<br><b>Tyenne</b><br>Q5135<br><b>Tzield™</b><br>J9381<br><b>Tysabri®</b><br>J2323<br><b>UltomirisΣ</b><br>J1303<br><b>Unclassified codes**</b><br>C9399    J3490    J3590<br><b>Uplizna®</b><br>J1823<br><b>Uzedy</b><br>J2799<br><b>Vabysmo</b><br>J2777<br><b>Veopoz</b><br>J9376<br><b>Viltepso™</b><br>J1427<br><b>Vimizim®</b><br>J1322<br><b>Visudyne</b><br>J3396<br><b>Vonvendi</b> |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|---|--|--|--|
|-------------------------|------------------------|---|--|--|--|

|                                |   |       |       |       |  |
|--------------------------------|---|-------|-------|-------|--|
| Injectable medications (cont.) | J7179   |       |       |       |  |
|                                | <b>VPRIV®</b>   |       |       |       |  |
|                                | J3385   |       |       |       |  |
|                                | <b>Vyepti™</b>  |       |       |       |  |
|                                | J3032   |       |       |       |  |
|                                | <b>Vyjuvek™</b>                                       |       |       |       |  |
|                                | J3401   |       |       |       |  |
|                                | <b>Vyondys 53®</b>                                    |       |       |       |  |
|                                | J1429   |       |       |       |  |
|                                | <b>Vyvgart™</b>                                       |       |       |       |  |
|                                | J9332   |       |       |       |  |
|                                | <b>Vyvgart Hytrulo</b>                                |       |       |       |  |
|                                | J9334   |       |       |       |  |
|                                | <b>White blood cell colony stimulating factors***</b> |       |       |       |  |
|                                | J1442   | J1447 | J1448 | J2506 |  |
|                                | Q5101   | Q5108 | Q5110 | Q5111 |  |
|                                | Q5120   | Q5122 |       |       |  |
|                                | <b>Wilate</b>   |       |       |       |  |
|                                | J7183   |       |       |       |  |
|                                | <b>Xembify®</b>                                       |       |       |       |  |
|                                | J1558   |       |       |       |  |
|                                | <b>Xenpozyme™</b>                                     |       |       |       |  |
|                                | J0218   |       |       |       |  |
|                                | <b>Xolair®</b>  |       |       |       |  |
|                                | J2357   |       |       |       |  |
|                                | <b>Xyntha</b>   |       |       |       |  |
|                                | J7185   |       |       |       |  |
|                                | <b>Zinplava</b>                                       |       |       |       |  |
|                                | J0565   |       |       |       |  |
|                                | <b>Zoladex®</b>                                       |       |       |       |  |
| J9202                          |   |       |       |       |  |
| <b>Zolgensma®</b>              |   |       |       |       |  |
| J3399                          |   |       |       |       |  |
| <b>Zulresso</b>                |   |       |       |       |  |
| J1632                          |   |       |       |       |  |
| <b>Zyprexa</b>                 |   |       |       |       |  |
| J2359                          |   |       |       |       |  |

\* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at [UHCprovider.com](https://uhcprovider.com). Or, you can call **888 397 8129**.

\*\* For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Nulibry™, Rivfloza and Revcovi



| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|---|--|--|--|
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|                                       |  |   |  |  |  |
|---------------------------------------|--|---|--|--|--|
| <b>Injectable medications (cont.)</b> |  | <p>*** For code J0897, prior authorization is required for non oncology indications.</p> <p>Please check our <a href="#">Review at Launch for New to Market Medications</a> policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our <a href="#">Review at Launch Medication List</a>. Pre-determination is highly recommended for the drugs on the list.</p> |  |  |  |
|---------------------------------------|--|---|--|--|--|

|                            |                                      |  |  |  |  |
|----------------------------|--------------------------------------|--|--|--|--|
| <b>Inpatient admission</b> | Notification required for admissions | <p>Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:</p> <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><br>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 | S2112 |       |

|   |                              |                |                |       |       |
|---|------------------------------|----------------|----------------|-------|-------|
| <b>Non-emergent air ambulance transport</b> | Prior authorization required | A0430<br>S9960 | A0431<br>S9961 | A0435 | A0436 |
|---|------------------------------|----------------|----------------|-------|-------|

|   |                              |       |       |       |       |
|---|------------------------------|-------|-------|-------|-------|
| <b>Orthognathic surgery</b><br>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 required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 | L0112 | L0170 | L0456 | L0462 |
|                                  |   | L0464 | L0480 | L0482 | L0484 |
|                                  |   | L0486 | L0624 | L0629 | L0631 |
|                                  |   | L0632 | L0634 | L0636 | L0637 |
|                                  |   | L0638 | L0640 | L0700 | L0710 |
|                                  |   | L0810 | L0820 | L0830 | L0859 |
|                                  |   | L1000 | L1005 | L1200 | L1300 |
|                                  |   | L1310 | L1499 | L1680 | L1685 |
|                                  |   | L1700 | L1710 | L1720 | L1730 |
|                                  |   | L1755 | L1820 | L1832 | L1834 |
|                                  |   | L1840 | L1844 | L1845 | L1846 |

| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |  |  |  |
|-------------------------|------------------------|---|--|--|--|
|-------------------------|------------------------|---|--|--|--|

|                                   |  |       |       |       |       |
|-----------------------------------|--|-------|-------|-------|-------|
| Orthotics and prosthetics (cont.) |  | L1860 | L1945 | L1950 | L1970 |
|                                   |  | L2000 | L2005 | L2010 | L2020 |
|                                   |  | L2030 | L2034 | L2036 | L2037 |
|                                   |  | L2038 | L2060 | L2106 | L2108 |
|                                   |  | L2126 | L2136 | L2350 | L2510 |
|                                   |  | L2526 | L2627 | L2628 | L3230 |
|                                   |  | L3265 | L3649 | L3671 | L3674 |
|                                   |  | L3720 | L3730 | L3740 | L3763 |
|                                   |  | L3764 | L3900 | L3901 | L3904 |
|                                   |  | L3905 | L3961 | L3971 | L3975 |
|                                   |  | L3976 | L3977 | L3999 | L4000 |
|                                   |  | L4010 | L4020 | L4631 | L5010 |
|                                   |  | L5020 | L5050 | L5060 | L5100 |
|                                   |  | L5105 | L5150 | L5160 | 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 | L5973 |
|                                   |  | 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 |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and how to obtain prior authorization   |       |       |       |
|---|---|---|-------|-------|-------|
| <b>Orthotics and prosthetics (cont.)</b>  |   | 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 | L6715 | L6880 |
|   |   | L6881   | L6882 | L6883 | L6884 |
|   |   | L6885   | L6895 | L6900 | L6905 |
|   |   | L6910   | L6915 | L6920 | L6925 |
|   |   | L6930   | L6935 | L6940 | L6945 |
|   |   | L6950   | L6955 | L6960 | L6965 |
|   |   | L6970   | L6975 | L7007 | L7008 |
|   |   | L7009   | L7040 | L7045 | L7170 |
|   |   | L7180   | L7181 | L7185 | L7186 |
|   |   | L7190   | L7191 | L7405 | L8040 |
|   |   | L8042   | L8043 | L8044 | L8045 |
|   | L8046   | L8047   | L8499 | L8609 |       |
|   | L8610   | L8612   | L8631 | L8659 |       |
| <b>Pediatric day services (PDHC)</b>  | Prior authorization required  | T1024   |       |       |       |
| <b>Private duty nursing</b>   | Prior authorization required  | T1000   | T1002 | T1003 |       |
| <b>Potentially Unproven Services</b>  | Prior authorization required  | 33289   | C2624 |       |       |
| <b>Prostate procedures</b>  | Prior authorization required  | 37243   | 52441 | 52442 | 53850 |
|   |   | 53852   | 55866 | 55873 | 55874 |
| <b>Proton beam therapy</b><br>Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | Prior authorization required  | 77520   | 77522 | 77523 | 77525 |
| <b>Radiology</b>  | <p>Prior authorization 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. To request prior authorization, please call <b>866-889-8054</b>.</p> <p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to <a href="https://UHCprovider.com">UHCprovider.com</a> and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please see <a href="#">Radiology Prior Authorization and Notification</a>.</p> |       |       |       |
| <b>Rhinoplasty and septoplasty</b>  | Prior authorization required  | 30400   | 30410 | 30420 | 30430 |

| Procedures and services                                       | Additional information  | CPT® or HCPCS codes and how to obtain prior authorization   |       |       |       |
|---|---|---|-------|-------|-------|
| Treatment of nasal functional impairment and septal deviation |   | 30435<br>30465  | 30450 | 30460 | 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.<br><br>Prior authorization is not required if performed at a participating ASC. | <b>Auditory System</b><br>69205<br><b>Cardiovascular System</b><br>36590      36832<br><b>Carpal tunnel surgery</b><br>64721<br><b>Cataract surgery</b><br>66821      66982      66984<br><b>Colonoscopy</b><br>45378      45380      45384      45385<br><b>Cosmetic and reconstructive</b><br>13101      13132      14040      14060<br>14301      21552      21931<br><b>Digestive System</b><br>42415      42440      43200      43236<br>43237      43238      43242      43245<br>43246      43247      43248      43251<br>43254      43255      43259      44360<br>44361      45171      45334      45335<br>45381      45390      45990      46020<br>46040      46050      46200      46220<br>46221      46250      46255      46261<br>46270      46275      46288      46505<br>46750      46910      46946<br><b>Ear, nose and throat (ENT) procedures</b><br>21320      30140      30520      69436<br>69631<br><b>Eye and Ocular Adnexa</b><br>65710      65820      66250      66710<br>66711      66825      66986      66987<br>66988      67010      67041      67042<br>67105      67108      67113      67840<br>68110      68115      68320      68720<br>68815<br><b>Female Genital System</b><br>57240      57250      57461      57520<br>58561      58562 |       |       |       |

| Procedures and services                             | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|---|------------------------|---|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (cont.) |                        | <b>Gynecologic procedures</b>                             |       |       |       |
|   |                        | 57522   | 58353 | 58558 | 58563 |
|   |                        | 58565   |       |       |       |
|   |                        | <b>Hemic and Lymphatic System</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 |       |



| Procedures and services                             | Additional information       | CPT® or HCPCS codes and how to obtain prior authorization   |                              |       |       |       |
|---|------------------------------|---|------------------------------|-------|-------|-------|
| Site of service (SOS) – outpatient hospital (cont.) |                              | <b>Tonsillectomy and adenoidectomy</b>  |                              |       |       |       |
|   |                              | 42820   | 42821                        | 42825 | 42826 |       |
|   |                              | 42830   |                              |       |       |       |
|   |                              | <b>Upper and lower 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>   | Prior authorization required | 21685 | 41599 | 42145 |
|   |                              | Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea |                              |       |       |       |
| <b>Spinal surgery</b>                               | Prior authorization required | 22100   | 22101                        | 22102 | 22110 |       |
|   |                              | 22112   | 22114                        | 22206 | 22207 |       |
|   |                              | 22210   | 22212                        | 22214 | 22220 |       |
|   |                              | 22224   | 22510                        | 22511 | 22512 |       |
|   |                              | 22513   | 22514*                       | 22515 | 22532 |       |
|   |                              | 22533   | 22548                        | 22551 | 22554 |       |
|   |                              | 22556   | 22558                        | 22586 | 22590 |       |
|   |                              | 22595   | 22600                        | 22610 | 22612 |       |
|   |                              | 22630   | 22633                        | 22800 | 22802 |       |
|   |                              | 22804   | 22808                        | 22810 | 22812 |       |
|   |                              | 22818   | 22819                        | 22830 | 22849 |       |
|   |                              | 22850   | 22852                        | 22855 | 22856 |       |
|   |                              | 22861   | 63003                        | 63005 | 22899 |       |
|   |                              | 63001   | 63015                        | 63016 | 63011 |       |
|   |                              | 63012   | 63030                        | 63040 | 63017 |       |
|   |                              | 63020   | 63046                        | 63047 | 63042 |       |
|   |                              | 63045   | 63056                        | 63064 | 63050 |       |
|   |                              | 63055   | 63081                        | 63085 | 63075 |       |
|   |                              | 63077   | 63101                        | 63102 | 63087 |       |
|   |                              | 63090   | 63173                        | 63185 | 63170 |       |
|   |                              | 63172   | 63200                        | 63250 | 63190 |       |
|   |                              | 63191   | 63265                        | 63267 | 63251 |       |

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| Procedures and services   | Additional information       | CPT® or HCPCS codes and how to obtain prior authorization |                              |   |       |       |       |
|---|------------------------------|---|------------------------------|---|-------|-------|-------|
| Spinal surgery (cont.)  |                              | 63252   | 63271                        | 63272   | 63268 |       |       |
|   |                              | 63270   | 63301                        | 63302   | 63286 |       |       |
|   |                              | 63300   | 63305                        | 63306   | 63303 |       |       |
|   |                              | 63304   | 0098T                        | 63307   | 63308 |       |       |
|   |                              | *SOS also applies   |                              |   |       |       |       |
| Stimulators<br>Implantation of a device that sends electrical impulses      | Prior authorization required | <b>Bone growth stimulator</b>                             |                              |   |       |       |       |
|   |                              | E0747   | E0748                        | E0749   | E0760 |       |       |
|   |                              | <b>Neurostimulator</b>                                    |                              |   |       |       |       |
|   |                              | 43648   | 43881                        | 43882   | 61863 |       |       |
|   |                              | 61864   | 61867                        | 61868   | 61885 |       |       |
|   |                              | 61886   | 63650                        | 63655   | 63685 |       |       |
|   |                              | 64553   | 64555                        | 64568   | 64570 |       |       |
|   |                              | 64590   | L8680                        | L8682   | L8685 |       |       |
|   |                              | L8686   | L8687                        | L8688   |       |       |       |
|   |                              | Transplants   | Prior authorization required | For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecl), 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>   |                              |   |                              |   |       |       |       |
| Q2041   | Q2042                        |   |                              | Q2053   | Q2054 |       |       |
| Q2055   | Q2056                        |   |                              |   |       |       |       |
| <b>Gene Therapy</b>   |                              |   |                              |   |       |       |       |
| C9399**   | C9400**                      | J3490**   | J3590**                      |   |       |       |       |
| J3392   | J3393                        | J3394   |                              |   |       |       |       |
| *Code 38232 will only require prior authorization for an oncology diagnosis |                              |   |                              |   |       |       |       |

| Procedures and services   | Additional information       | CPT® or HCPCS codes and how to obtain prior authorization  |                         |                         |                         |
|---|------------------------------|--|-------------------------|-------------------------|-------------------------|
| <b>Transplants (cont.)</b>  |                              | ** For unclassified codes C9399, J3490 and J3590 Amtagvi, Lantidra, Lenmeldy, Skysona and Tecelra will require prior authorization through Optum Transplant.                     |                         |                         |                         |
| <b>Vein procedures</b><br>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 | 36468<br>37700<br>37766  | 36473<br>37718<br>37780 | 36475<br>37722          | 36478<br>37765          |
| <b>Ventricular assist devices (VAD)</b><br>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 ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> . |                         |                         |                         |
|   |                              | 33927<br>33976<br>33983  | 33928<br>33979<br>Q0507 | 33929<br>33981<br>Q0508 | 33975<br>33982<br>Q0509 |
| <b>Wound vac</b>  | Prior authorization required | E2402  |                         |                         |                         |