

# Prior authorization requirements for UnitedHealthcare Community Plan of Pennsylvania

Effective Oct. 1, 2024

## General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Pennsylvania 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 don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Phone:** Call **800-366-7304**
- **Fax:** 800-600-9007

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> 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>	These services are carved out and are managed by the Behavioral Health Managed Care Organization (MCO) that covers the member's county of residence. For more information, please call the Member Services number on the back of the ID card.				
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>BRCA genetic testing</b>	Prior authorization required	81162	81432	81433	
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	11971	19316	19318	19325
Reconstruction of the breast		19328	19330	19340	19342
except when following mastectomy		19350	19357	19361	19364
		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	<b><u>Antiemetics</u></b>			
		Fosaprepitant, 1 mg (Emend for Injection) J1453			
		Fosnetupitant 235 mg and palonosetron 0.25 mg J1454			
		Fosaprepitant (Teva) J1456			
		Granisetron, extended-release J1627			
		<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
		Eflapegrastim-xnst (Rovedon®) J1449			
		Filgrastim (Neupogen®) J1442*			
		Filgrastim-aafi (Nivestym™) Q5110*			
		Filgrastim-ayow (Releuko®) Q5125*			
		Filgrastim-sndz (Zarxio®) Q5101*			
		Pegfilgrastim (Neulasta®) J2506*			
		Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122*			
		Pegfilgrastim-bmez (Ziextenzo®) Q5120*			
		Pegfilgrastim-cbqv (UDENYCA™) Q5111*			
		Pegfilgrastim-jmdb (Fulphila™) Q5108*			
	*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See <a href="#">Injectable medications section below.</a>				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Cancer supportive care (cont.)		Sargramostim (Leukine®) J2820
		Tbo-filgrastim (Granix®) J1447*
		Trilaciclib (Cosela®) J1448*
		<b><u>Bone-modifying agent that requires prior authorization:</u></b> Denosumab (Xgeva®) J0897
		<b><u>Erythropoiesis-Stimulating Agents</u></b> J0885
		Please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to <a href="http://UHCprovider.com">UHCprovider.com</a> and sign in. Select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b> .

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization 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> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at <a href="https://UHCprovider.com">UHCprovider.com</a>. After signing in, select Prior Authorization and Notification on your dashboard. Or, you can call <b>888 397 8129</b>.</p>			
<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	A4238	A4239	A9276*
		A9277*	A9278*	E0787	E2102
		E2103			
		*This code is for a product that is not reimbursable on the medical benefit. Requests for this product need to be submitted to OptumRx. Please contact the OptumRx Help Desk at 800-711-4555 for more information.			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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<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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		15830	15847	15877	15878*
		15879*	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		

\*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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
<b>Cosmetic and reconstructive (cont.)</b>		C44.612	C44.619	C44.621	C44.622	
		C44.629	C44.691	C44.692	C44.699	
		C44.701	C44.702	C44.709	C44.711	
		C44.712	C44.719	C44.721	C44.722	
		C44.729	C44.791	C44.792	C44.799	
		C44.80	C44.81	C44.82	C44.89	
		C44.90	C44.91	C44.92	C44.99	
		C46.0	C4A.0	C4A.10	C4A.111	
		C4A.112	C4A.121	C4A.122	C4A.20	
		C4A.21	C4A.22	C4A.30	C4A.31	
		C4A.39	C4A.4	C4A.51	C4A.51	
		C4A.52	C4A.52	C4A.59	C4A.60	
		C4A.61	C4A.62	C4A.70	C4A.71	
		C4A.72	C4A.8	C4A.9	C79.2	
		D03.51	D03.52	D04.0	D04.10	
		D04.111	D04.112	D04.121	D04.122	
		D04.20	D04.21	D04.22	D04.30	
		D04.39	D04.4	D04.5	D04.60	
		D04.61	D04.62	D04.70	D04.71	
		D04.72	D04.8	D04.9		
	<b>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
E0620			E0636	E0637	E0652	
Prosthetics are not DME – See orthotics and prosthetics			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		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		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
		V5269	V5270	V5271	V5272
	V5274	V5281	V5282	V5283	
	V5286	V5287	V5288	V5290	
<b>Enteral services</b>	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		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	15819	15824	15825
		15826	15828	15829	15832
		15833	15834	15835	15836
		15837	15838	15839	15876
		17380	19303	21083	21087
		21120	21122	21173	21270



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Gender dysphoria treatment (cont.)</b>		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		
<b>Genetic and molecular testing</b>	<p>Prior authorization is required for genetic and molecular testing performed in an outpatient setting. Health care professionals 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 CPT codes registered with the <a href="#">Genetic and molecular testing prior authorization/notification</a> program for each specified genetic test.</p> <p>Notification/prior authorization is required for BRCA testing before DNA sequencing is performed.</p> <p>The ordering health care professional must notify the laboratory conducting the test, and the lab will notify UnitedHealthcare.</p>	0018U	0022U	0023U	0026U
		0055U	0060U	0087U	0088U
		0129U	0171U	0173U	0175U
		0179U	0209U	0214U	0215U
		0216U	0217U	0237U	0238U
		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
		81436	81437	81438	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>Human milk bank</b>	Prior authorization required	T2101			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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**Injectable medications** Prior authorization required\*

- Actemra®**  
J3262
- Acthar®**  
J0801
- Adakveo®**  
J0791
- Aduhelm**  
J0172
- Advate, Kogenate FS, Reombinate**  
J7192
- Adynovate**  
J7207
- Adzynma**  
J7171
- Afstyla**  
J7210
- Aldurazyme®**  
J1931
- Alphanate**  
J7186
- AlphaNine SD, Mononine**  
J7193
- Alprolix**  
J7201
- Altuviio**  
J7214
- Amondys 45**  
J1426
- Amvuttra™**  
J0225
- Apretude**  
J0739
- Aralast® NP, Prolastin-C®, Zemaira®**  
J0256
- Aranesp**  
J0881
- Arcalyst**  
J2793
- Aveed**  
J3145
- Avsola™**  
Q5121
- Benefix, Ixinity**

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

	J7195				
	<b>Benlysta</b>				
	J0490				
	<b>Beovu</b>				
	J0179				
	<b>Berinert</b>				
	J0597				
	<b>Boniva (ibandronate)</b>				
	J1740				
	<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>				

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)		J0589
		<b>Depo-Testosterone (testosterone cypionate)</b>
		J1071
		<b>Durolane</b>
		J7318
		<b>Elaprase®</b>
		J1743
		<b>Elelyso®</b>
		J3060
		<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
		<b>Evenity™</b>
		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	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)	<b>Feraheme®</b>				
	Q0138				
	<b>Fibryga</b>				
	J7177				
	<b>Firmagon®</b>				
	J9155				
	<b>Fluphenazine</b>				
	J2679				
	<b>Fylnetra®</b>				
	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	J1554		
J1555	J1556	J1557	J1559		
J1561	J1566	J1568	J1569		

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization	
Injectable medications (cont.)	J1572	J1575	J1599
	<b>Ixinity</b>		
	J7213		
	<b>Izervay</b>		
	J2782		
	<b>Jivi</b>		
	J7208		
	<b>Kalbitor®</b>		
	J1290		
	<b>Kanuma®</b>		
	J2840		
	<b>Koate, Hemofil M</b>		
	J7190		
	<b>Kovaltry</b>		
	J7211		
	<b>Korsuva®</b>		
	J0879		
	<b>Krystexxa®</b>		
	J2507		
	<b>Lamzede®</b>		
	J0217		
	<b>Lanreotide</b>		
	J1932		
	<b>Lemtrada®</b>		
	J0202		
	<b>Leqembi®</b>		
	J0174		
	<b>Leqvio®</b>		
	J1306		
	<b>Lucentis</b>		
	J2778		
	<b>Lumizyme®</b>		
	J0221		
	<b>Lupron Depot®</b>		
	J1950		
	<b>Lupron Depot, Eligard®</b>		
	J9217		
	<b>Luxturna™</b>		
	J3398		
	<b>Mepsevii®</b>		
	J3397		
	<b>Miacalcin (calcitonin)</b>		
	J0630		
	<b>Mircera</b>		

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

J0888

**Monoferric®**  
J1437

**Naglazyme®**  
J1458

**Nexviazyme®**  
J0219

**Novoeight**  
J7182

**NovoSeven RT**  
J7189

**Nplate®**  
J2796

**Nucala®**  
J2182

**Nuwiq**  
J7209

**Obizur**  
J7188

**Ocrevus™**  
J2350

**Octreotide Acetate**  
J2354

**Omvoh IV**  
J2267

**Onpattro™**  
J0222

**Orencia®**  
J0129

**Oxlumo™**  
J0224

**Panzyga®**  
J1576

**Parsabiv™**  
J0606

**Phenergan (promethazine)**  
J2550

**Pombiliti**  
J1203

**Profilnine**  
J7194

**Prolia® \*\*\***  
J0897

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

- Qalsody™**  
J1304
- Radicava®**  
J1301
- Rebinyn**  
J7203
- Reblozyl®**  
J0896
- Reclast, Zoledronic Acid**  
J3489
- Releuko®**  
Q5125
- Remicade®**  
J1745
- Renflexis®**  
Q5104
- Retacrit**  
Q5106
- Riabni™**  
Q5123
- RiaSTAP**  
J7178
- Rituxan®**  
J9312
- Rituxan Hycela®**  
J9311
- Rixubis**  
J7200
- Roctavian**  
J1412
- Rolvedon™**  
J1449
- Ruconest®**  
J0596
- Ruxience®**  
Q5119
- Ryplazim®**  
J2998
- Rystiggo**  
J9333
- Sandostatin® LAR**  
J2353
- Saphnelo®**



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
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Injectable medications (cont.)	J0491			
	<b>Scenesse®</b>			
	J7352			
	<b>SevenFACT</b>			
	J7212			
	<b>Signifor® LAR</b>			
	J2502			
	<b>Simponi Aria®</b>			
	J1602			
	<b>Skyrizi®</b>			
	J2327			
	<b>Sodium Hyaluronate</b>			
	J7320	J7321	J7322	J7324
	J7325	J7326	J7327	J7329
	J7331	J7332		
	<b>Soliris®</b>			
	J1300			
	<b>Somatuline® Depot</b>			
	J1930			
	<b>Spinraza™</b>			
	J2326			
	<b>Spravato®</b>			
	S0013			
	<b>Spevigo®</b>			
	J1747			
	<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				

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

<b>Testopel</b>				
S0189				
<b>Testosterone Enanthate</b>				
J3121				
<b>Tezspire™</b>				
J2356				
<b>Therapeutic radiopharmaceuticals</b>				
A9607				
<b>Tigan</b>				
J3250				
<b>Tofidence</b>				
Q5133				
<b>Trelstar®</b>				
J3315				
<b>Tretten</b>				
J7181				
<b>Triptodur®</b>				
J3316				
<b>Trogarzo™</b>				
J1746				
<b>Truxima®</b>				
Q5115				
<b>Tysabri®</b>				
J2323				
<b>Tzield™</b>				
J9381				
<b>Ultomiris™</b>				
J1303				
<b>Unclassified codes**</b>				
C9159	C9160	C9172	C9399	
J3490	J3590			
<b>Uplizna®</b>				
J1823				
<b>Uzedy</b>				
J2799				
<b>Vabysmo</b>				
J2777				
<b>Veopoz</b>				
J9376				
<b>Viltepso™</b>				
J1427				
<b>Vimizim®</b>				
J1322				

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)	<b>Visudyne</b>				
		J3396			
	<b>Vonvendi</b>				
		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>Zymfentra</b>					
	J1748				
<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](http://UHCprovider.com). Or, you can call **888-397-8129**

\*\* For unclassified and temporary codes C9151, C9160, C9172,



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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C9399, J3490 and J3590, prior authorization is only required for Bevez, Nulibry, Rivfloza and Revcovi

\*\*\* For code J0897, prior authorization is required for non oncology indications.

Please check our [Review at Launch for New to Market Medications](#) policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our [Review at Launch Medication List](#). Pre-determination is highly recommended for the drugs on the list.

<b>Inpatient admission</b>	Notification required for admissions	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>Acute care hospitals</li> <li>Acute inpatient rehabilitation</li> <li>Critical access hospitals</li> <li>Long-term acute care hospitals</li> <li>Skilled nursing facilities</li> </ul>			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization 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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)	L1755	L1820	L1832	L1834	
	L1840	L1844	L1845	L1846	
	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		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	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 53852	52441 55873	52442 55874	53850
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization 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,</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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please see [Radiology Prior Authorization and Notification](#).

<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298

<b>Site of service (SOS) – outpatient hospital</b>	<p>Prior authorization is only required when requesting service in an outpatient hospital setting.</p> <p>Prior authorization is not required if performed at a participating ASC</p>	<b>Auditory system</b>			
		69205			
		<b>Cardiovascular system</b>			
		36590	36832		
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive system</b>			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and ocular adnexa</b>			
65710	65820	66250	66710		
66711	66825	66986	66987		
66988	67010	67041	67042		
67105	67108	67113	67840		
68110	68115	68320	68720		
68815					
<b>Female genital system</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		57240	57250	57461	57520
		58561	58562		
	<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>				



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Site of service (SOS) – outpatient hospital (cont.)</b>		30802	30930	31525	31535
		31536	31541	31624	
		<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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Spinal surgery (cont.)		63090	63173	63185	63170
		63172	63200	63250	63190
		63191	63265	63267	63251
		63252	63271	63272	63268
		63270	63301	63302	63286
		63300	63305	63306	63303
		63304	0098T	63307	63308

\*SOS also applies

<b>Stimulators</b> 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	

<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucaptagene autoleucel) and Yescarta™ (axicaptagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.				
		32850	32851	32852	32853	
		32854	32855	32856	33930	
		33933	33935	33940	33944	
		33945	38208	38209	38210	
		38212	38213	38214	38215	
		38232*	38240	38241	38242	
		44132	44133	44135	44136	
		44137	44715	44720	44721	
		47133	47135	47140	47141	
		47142	47143	47144	47145	
		47146	47147	48551	48552	
		48554	50300	50320	50323	
		50325	50340	50360	50365	
		50370	50547	S2060	S2061	
		S2152				
			<b>CAR T-Cell therapy</b>			
			0537T	0538T	0539T	0540T
			Q2041	Q2042	Q2053	Q2054
			Q2055	Q2056		
			<b>Gene therapy</b>			

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Transplants (cont.)</b>		C9399** J3394	J3490**	J3590**	J3393
		*Code 38232 will only require prior authorization for an oncology diagnosis **: For unclassified codes C9399, J3490 and J3590 Amtagvi, Casgevy, Lantidra, Lenmeldy and Skysona™ will require prior authorization through Optum Transplant.			
<b>Vein procedures</b>	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718 37780	37722	37765	37766
<b>Ventricular assist devices (VAD)</b>	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> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509
<b>Wound vac</b>	Prior authorization required	E2402			