

# Prior authorization requirements for UnitedHealthcare Community Plan of Pennsylvania

Effective Mar. 1, 2025

## 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><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>   | 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><br>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 |       |       |
| <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)<br>J1453   |       |       |       |
|   |   | Fosnetupitant 235 mg and palonosetron 0.25 mg<br>J1454                                     |       |       |       |
|   |   | Fosaprepitant (Teva)<br>J1456  |       |       |       |
|   |   | Granisetron, extended-release<br>J1627   |       |       |       |
|   |   | <b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b> |       |       |       |
|   |   | Eflapegrastim-xnst (Rovedon®)<br>J1449   |       |       |       |
|   |   | Filgrastim (Neupogen®)<br>J1442*   |       |       |       |
|   |   | Filgrastim-aafi (Nivestym™)<br>Q5110*  |       |       |       |
|   |   | Filgrastim-ayow (Releuko®)<br>Q5125*   |       |       |       |
|   |   | Filgrastim-sndz (Zarxio®)<br>Q5101*  |       |       |       |
|   |   | Pegfilgrastim (Neulasta®)<br>J2506*  |       |       |       |
|   |   | Pegfilgrastim-apgf, biosimilar (Nyvepria®)<br>Q5122*                                       |       |       |       |
|   |   | Pegfilgrastim-bmez (Ziextenzo®)<br>Q5120*  |       |       |       |
|   |   | Pegfilgrastim-cbqv (UDENYCA™)<br>Q5111*  |       |       |       |
|   |   | Pegfilgrastim-jmdb (Fulphila™)<br>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®)<br>J2820   |
|                                |                        | Tbo-filgrastim (Granix®)<br>J1447*   |
|                                |                        | Trilaciclib (Cosela®)<br>J1448*  |
|                                |                        | <b><u>Bone-modifying agent that requires prior authorization:</u></b><br>Denosumab (Xgeva®)<br>J0897   |
|                                |                        | <b><u>Erythropoiesis-Stimulating Agents</u></b><br>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> .<br><br>For more details and the list of CPT codes requiring prior authorization, please see <a href="#">Cardiology Prior Authorization and Notification</a> . |
|-------------------|--|---|

|                       |  |   |         |         |         |
|-----------------------|--|---|---------|---------|---------|
| <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 |  |  |  |
|-------------------------|------------------------|---|--|--|--|
|-------------------------|------------------------|---|--|--|--|

|  |                              |        |         |         |         |
|--|------------------------------|--------|---------|---------|---------|
| <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   |       |
| 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   |         |         |       |
|  | Prosthetics are not DME – See orthotics and prosthetics |  |         |         |         |       |

| 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  | 15824   | 15825 | 15826 |
|   |                              | 15828  | 15829   | 15832 | 15833 |
|   |                              | 15834  | 15835   | 15836 | 15837 |
|   |                              | 15838  | 15839   | 15876 | 17380 |
|   |                              | 19303  | 21083   | 21087 | 21120 |
|   |                              | 21122  | 21173   | 21270 | 21899 |



| Procedures and services                   | Additional information   | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|---|--|---|-------|-------|-------|
| <b>Gender dysphoria treatment (cont.)</b> |  | 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 |
|   |  | 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>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
- Adzyna**  
J7171
- Afstyla**  
J7210
- Aldurazyme®**  
J1931
- Alphanate**  
J7186
- AlphaNine SD, Mononine**  
J7193
- Alprolix**  
J7201
- Altuviio**  
J7214
- Amondys 45**  
J1426
- Amvuttra** ∑  
J0225
- Aralast® NP, Prolastin-C®, Zemaira®**  
J0256
- Aranesp**  
J0881
- Arcalyst**  
J2793
- Aveed**  
J3145
- Avsola™**  
Q5121
- Benefix, Ixinity**  
J7195
- Benlysta**

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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.)**

|                             |       |       |       |  |
|-----------------------------|-------|-------|-------|--|
| J0490                       |       |       |       |  |
| Beovu                       |       |       |       |  |
| J0179                       |       |       |       |  |
| Beqvez                      |       |       |       |  |
| J1414                       |       |       |       |  |
| <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   |
|                                |                   | 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             |   |

| 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 | J1552 |  |
|                                | J1554   | J1555 | J1556 | J1557 |  |
|                                | J1559   | J1561 | J1566 | J1568 |  |

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|                                |                               |       |       |       |
|--------------------------------|-------------------------------|-------|-------|-------|
| Injectable medications (cont.) | J1569                         | J1572 | J1575 | J1599 |
|                                | <b>Ixinity</b>                | J7213 |       |       |
|                                | <b>Izervay</b>                | J2782 |       |       |
|                                | <b>Jivi</b>                   | J7208 |       |       |
|                                | <b>Kalbitor®</b>              | J1290 |       |       |
|                                | <b>Kanuma®</b>                | J2840 |       |       |
|                                | <b>Kisunla</b>                | J0175 |       |       |
|                                | <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> |       |       |       |

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

J0630  
**Mircera**  
J0888  
**Monoferric®**  
J1437  
**Naglazyme®**  
J1458  
**Nexviazyme®**  
J0219  
**Novoeight**  
J7182  
**NovoSeven RT**  
J7189  
**Nplate®**  
J2802  
**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

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

**Prolia® \*\*\***  
J0897

**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**



| Procedures and services | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |  |  |  |
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|                                |                          |       |       |       |       |
|--------------------------------|--------------------------|-------|-------|-------|-------|
| Injectable medications (cont.) |                          | J2353 |       |       |       |
|                                | <b>Saphnelo®</b>         |       |       |       |       |
|                                |                          | J0491 |       |       |       |
|                                | <b>Scenesse®</b>         |       |       |       |       |
|                                |                          | J7352 |       |       |       |
|                                | <b>SevenFACT</b>         |       |       |       |       |
|                                |                          | J7212 |       |       |       |
|                                | <b>Signifor® LAR</b>     |       |       |       |       |
|                                |                          | 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>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                    |       |       |       |       |

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

**Tepezza®**

J3241

**Testopel**

S0189

**Testosterone Enanthate**

J3121

**Tezspire™**

J2356

**Therapeutic radiopharmaceuticals**

A9607

**Tigan**

J3250

**Tofidence**

Q5133

**Trelstar®**

J3315

**Tremfya IV**

J1628

**Tretten**

J7181

**Triptodur®**

J3316

**Trogarzo™**

J1746

**Truxima®**

Q5115

**Tyenne**

Q5135

**Tysabri®**

J2323

**Tzield™**

J9381

**Ultomiris∑**

J1303

**Unclassified codes\*\***

C9399

J3490

J3590

**Uplizna®**

J1823

**Uzedly**

J2799

**Vabysmo**

J2777

**Veopoz**

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

|                                |                        |   |       |       |       |
|--------------------------------|------------------------|---|-------|-------|-------|
| Injectable medications (cont.) |                        | J9376   |       |       |       |
|                                | <b>Viltepso™</b>       |   |       |       |       |
|                                |                        | J1427   |       |       |       |
|                                | <b>Vimizim®</b>        |   |       |       |       |
|                                |                        | J1322   |       |       |       |
|                                | <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>Zulresso</b>                |                        |   |       |       |       |
|                                | J1632                  |   |       |       |       |
| <b>Zyprexa</b>                 |                        |   |       |       |       |

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

|                                       |  |       |  |  |  |  |
|---------------------------------------|--|-------|--|--|--|--|
| <b>Injectable medications (cont.)</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 C9151, C9160, C9172, C9399, J3490 and J3590, prior authorization is only required for Beqvez, 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><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 | A0431 | A0435 | A0436 |
|   |                              | S9960 | S9961 |       |       |

|   |                              |       |       |       |       |
|---|------------------------------|-------|-------|-------|-------|
| <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 |
| <b>Orthotics and prosthetics (cont.)</b> |   | L0486 | L0624 | L0629 | L0631 |
|  |   | L0632 | L0634 | L0636 | L0637 |



| Procedures and services                  | Additional information | CPT® or HCPCS codes and how to obtain prior authorization |       |       |       |
|--|------------------------|---|-------|-------|-------|
|  |                        | 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 |
|  |                        | 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 |
| <b>Orthotics and prosthetics (cont.)</b> |                        |   |       |       |       |

| Procedures and services   | Additional information  | CPT® or HCPCS codes and how to obtain prior authorization   |                |                |       |
|---|---|---|----------------|----------------|-------|
|   |   | L5982   | L5984          | L5986          | L5987 |
|   |   | L5988   | L5990          | L5999          | L6000 |
|   |   | L6010   | L6020          | L6050          | L6055 |
|   |   | L6100   | L6110          | L6120          | L6130 |
|   |   | L6200   | L6205          | L6250          | L6300 |
|   |   | L6310   | L6320          | L6350          | L6360 |
|   |   | L6370   | L6380          | L6382          | L6384 |
|   |   | L6400   | L6450          | L6500          | L6550 |
|   |   | L6570   | L6580          | L6582          | L6584 |
|   |   | L6586   | L6588          | L6590          | L6621 |
|   |   | L6623   | L6624          | L6646          | L6648 |
|   |   | L6686   | L6687          | L6689          | L6690 |
|   |   | L6692   | L6693          | L6694          | L6695 |
|   |   | L6696   | L6697          | L6704          | L6707 |
|   |   | L6708   | L6709          | L6711          | L6712 |
|   |   | L6713   | L6714          | 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<br>53852  | 52441<br>55873 | 52442<br>55874 | 53850 |
| <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><br><b>Radiology (cont.)</b>  | Prior authorization required for participating physicians who request these advanced outpatient | 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> . |                |                |       |

| Procedures and services                                       | Additional information   | CPT® or HCPCS codes and how to obtain prior authorization  |       |       |       |
|---|--|--|-------|-------|-------|
|   | imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>           | 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="http://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> .  |       |       |       |
|   |  | For more details and the CPT codes that require prior authorization, please see <a href="#">Radiology Prior Authorization and Notification</a> .   |       |       |       |
| <b>Rhinoplasty and septoplasty</b>                            | Prior authorization required   | 30400  | 30410 | 30420 | 30430 |
| Treatment of nasal functional impairment and septal deviation |  | 30435  | 30450 | 30460 | 30462 |
|   |  | 30465  |       |       |       |
| <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><br><b>Cardiovascular system</b><br>36590      36832<br><br><b>Carpal tunnel surgery</b><br>64721<br><br><b>Cataract surgery</b><br>66821      66982      66984<br><br><b>Colonoscopy</b><br>45378      45380      45384      45385<br><br><b>Cosmetic and reconstructive</b><br>13101      13132      14040      14060<br>14301      21552      21931<br><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><br><b>Ear, nose and throat (ENT) procedures</b><br>21320      30140      30520      69436<br>69631<br><br><b>Eye and ocular adnexa</b><br>65710      65820      66250      66710<br>66711      66825      66986      66987 |       |       |       |
| <b>Site of service (SOS) – outpatient hospital (cont.)</b>    |  |  |       |       |       |

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

|  |       |       |       |       |
|--|-------|-------|-------|-------|
|  | 66988 | 67010 | 67041 | 67042 |
|  | 67105 | 67108 | 67113 | 67840 |
|  | 68110 | 68115 | 68320 | 68720 |
|  | 68815 |       |       |       |

**Female genital system**

|  |       |       |       |       |
|--|-------|-------|-------|-------|
|  | 57240 | 57250 | 57461 | 57520 |
|  | 58561 | 58562 |       |       |

**Gynecologic procedures**

|  |       |       |       |       |
|--|-------|-------|-------|-------|
|  | 57522 | 58353 | 58558 | 58563 |
|  | 58565 |       |       |       |

**Hemic and lymphatic system**

|  |       |       |       |  |
|--|-------|-------|-------|--|
|  | 38500 | 38510 | 38525 |  |
|--|-------|-------|-------|--|

**Hernia repair**

|  |       |       |       |  |
|--|-------|-------|-------|--|
|  | 49505 | 49650 | 49651 |  |
|--|-------|-------|-------|--|

**Integumentary system**

|  |       |       |       |       |
|--|-------|-------|-------|-------|
|  | 10121 | 11440 | 11450 | 11624 |
|  | 11770 | 13121 | 15100 | 15120 |
|  | 15240 | 19020 | 19120 | 19125 |

**Liver biopsy**

|  |       |  |  |  |
|--|-------|--|--|--|
|  | 47000 |  |  |  |
|--|-------|--|--|--|

**Male genital system**

|  |       |  |  |  |
|--|-------|--|--|--|
|  | 54840 |  |  |  |
|--|-------|--|--|--|

**Miscellaneous**

|  |       |  |  |  |
|--|-------|--|--|--|
|  | 20680 |  |  |  |
|--|-------|--|--|--|

**Musculoskeletal system**

|  |       |       |       |       |
|--|-------|-------|-------|-------|
|  | 20552 | 20553 | 21012 | 21013 |
|  | 21336 | 21554 | 21555 | 21556 |
|  | 21930 | 22902 | 22903 | 23071 |
|  | 23075 | 24071 | 27327 | 27337 |
|  | 27632 | 28035 | 28039 | 28041 |
|  | 28060 | 28080 | 28090 | 28104 |
|  | 28110 | 28118 | 28119 | 28124 |
|  | 28285 | 28289 | 28292 | 28296 |
|  | 28297 | 28298 | 28299 | 29806 |
|  | 29807 | 29819 | 29822 | 29823 |
|  | 29824 | 29825 | 29826 | 29827 |
|  | 29828 | 29835 | 29840 | 29845 |
|  | 29846 | 29848 | 29861 | 29875 |
|  | 29876 | 29877 | 29879 | 29880 |
|  | 29881 | 29882 | 29888 | 29893 |

|  |       |  |  |  |
|--|-------|--|--|--|
|  | G0260 |  |  |  |
|--|-------|--|--|--|

**Nervous system**

|  |       |       |  |  |
|--|-------|-------|--|--|
|  | 64561 | 64640 |  |  |
|--|-------|-------|--|--|

Site of service (SOS) –  
outpatient hospital  
(cont.)



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

**Ophthalmologic**

|       |       |       |       |
|-------|-------|-------|-------|
| 65426 | 65730 | 65855 | 66170 |
| 66761 | 67028 | 67036 | 67040 |
| 67228 | 67311 | 67312 |       |

**Respiratory system**

|       |       |       |       |
|-------|-------|-------|-------|
| 30802 | 30930 | 31525 | 31535 |
| 31536 | 31541 | 31624 |       |

**Tonsillectomy and adenoidectomy**

|       |       |       |       |
|-------|-------|-------|-------|
| 42820 | 42821 | 42825 | 42826 |
| 42830 |       |       |       |

**Upper and lower gastrointestinal endoscopy**

|       |       |       |  |
|-------|-------|-------|--|
| 43235 | 43239 | 43249 |  |
|-------|-------|-------|--|

**Urinary System**

|       |       |       |       |
|-------|-------|-------|-------|
| 52276 | 52287 | 52320 | 52344 |
|-------|-------|-------|-------|

**Urologic procedures**

|       |       |       |       |
|-------|-------|-------|-------|
| 50590 | 52000 | 52005 | 52204 |
| 52224 | 52234 | 52235 | 52260 |
| 52281 | 52310 | 52332 | 52351 |
| 52352 | 52353 | 52356 | 54161 |
| 55040 | 55700 | 57288 |       |

|   |                              |       |       |       |  |
|---|------------------------------|-------|-------|-------|--|
| <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 |
| <b>Spinal surgery (cont.)</b> |                              | 22861 | 63003  | 63005 | 22899 |
|                               |                              | 63001 | 63015  | 63016 | 63011 |

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 PCA-2-24-00099-POE-QRG\_01312024



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

|       |       |       |       |
|-------|-------|-------|-------|
| 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 |
| 63252 | 63271 | 63272 | 63268 |
| 63270 | 63301 | 63302 | 63286 |
| 63300 | 63305 | 63306 | 63303 |
| 63304 | 0098T | 63307 | 63308 |

\*SOS also applies

|   |                              |                               |       |       |       |
|---|------------------------------|-------------------------------|-------|-------|-------|
| <b>Stimulators</b><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 Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at **888-936-7246** or the notification number on the back of the member's health plan ID card.

|        |       |       |       |
|--------|-------|-------|-------|
| 32850  | 32851 | 32852 | 32853 |
| 32854  | 32855 | 32856 | 33930 |
| 33933  | 33935 | 33940 | 33944 |
| 33945  | 38208 | 38209 | 38210 |
| 38212  | 38213 | 38214 | 38215 |
| 38232* | 38240 | 38241 | 38242 |
| 44132  | 44133 | 44135 | 44136 |
| 44137  | 44715 | 44720 | 44721 |
| 47133  | 47135 | 47140 | 47141 |
| 47142  | 47143 | 47144 | 47145 |
| 47146  | 47147 | 48551 | 48552 |
| 48554  | 50300 | 50320 | 50323 |
| 50325  | 50340 | 50360 | 50365 |
| 50370  | 50547 | S2060 | S2061 |
| S2152  |       |       |       |

**Transplants (cont.)**

| Procedures and services   | Additional information       | CPT® or HCPCS codes and how to obtain prior authorization  |         |         |       |
|---|------------------------------|--|---------|---------|-------|
|   |                              | <b>CAR T-Cell therapy</b>  |         |         |       |
|   |                              | Q2041  | Q2042   | Q2053   | Q2054 |
|   |                              | Q2055  | Q2056   |         |       |
|   |                              | <b>Gene therapy</b>  |         |         |       |
|   |                              | C9399**  | J3490** | J3590** | J3392 |
|   |                              | J3393  | J3394   |         |       |
|   |                              | *Code 38232 will only require prior authorization for an oncology diagnosis  |         |         |       |
|   |                              | **. For unclassified codes C9399, J3490 and J3590 Amtagvi, Lantidra, Lenmeldy, Skysona™ and Tecelra will require prior authorization through Optum Transplant.                   |         |         |       |
| <b>Vein procedures</b>  | Prior authorization required | 36473  | 36475   | 36478   | 37700 |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities |                              | 37718  | 37722   | 37765   | 37766 |
|   |                              | 37780  |         |         |       |
| <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  | 33928   | 33929   | 33975 |
|   |                              | 33976  | 33979   | 33981   | 33982 |
|   |                              | 33983  | Q0507   | Q0508   | Q0509 |
| <b>Wound vac</b>  | Prior authorization required | E2402  |         |         |       |