

Prior authorization requirements for UnitedHealthcare Community Plan of Pennsylvania CHIP

Effective Jul. 1, 2025

General information

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

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

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
following Mastectomy		19367 19371	19368 19380	19369 19396	19370 L8600
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis <i>*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.</i>	<u>Antiemetics</u> Fosaprepitant, 1 mg (Emend for Injection) J1453 Fosaprepitant (Teva) J1456 Fosnetupitant 235 mg and palonosetron 0.25 mg J1454 Granisetron, extended-release J1627 <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Eflapegrastim-xnst (Rolvedon®) 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* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447*			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cancer supportive care (cont.)		Trilaciclib (Cosela®) J1448* <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®) J0897 <u>Erythropoiesis-Stimulating Agents</u> J0885 Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888 397 8129.			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance	Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal at UHCprovider.com. Or, you can call 866-889-8054. For more details and the list of CPT codes requiring prior authorization, please see Cardiology Prior Authorization and Notification.			
Cardiovascular	Prior authorization required for the codes listed.	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580	
		* Prior authorization not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or ambulatory surgical center				
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: - Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) - Chemotherapy injectable drugs that have a Q code - Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com . Once you sign in, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .			
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2102	A9277 E2103
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical	Prior authorization required	11960	14020**	14021**	14061**
		15820	15821	15822	15823
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
condition or improve or restore physiologic function		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		

*Gender Dysphoria may apply

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

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211
C44.212	C44.219	C44.221	C44.222
C44.229	C44.291	C44.292	C44.299
C44.300	C44.301	C44.309	C44.310
C44.311	C44.319	C44.320	C44.321
C44.329	C44.390	C44.391	C44.399
C44.40	C44.41	C44.42	C44.49
C44.500	C44.501	C44.509	C44.510
C44.511	C44.519	C44.520	C44.521
C44.529	C44.590	C44.591	C44.599
C44.601	C44.602	C44.609	C44.611
C44.612	C44.619	C44.621	C44.622
C44.629	C44.691	C44.692	C44.699
C44.701	C44.702	C44.709	C44.711
C44.712	C44.719	C44.721	C44.722
C44.729	C44.791	C44.792	C44.799
C44.80	C44.81	C44.82	C44.89
C44.90	C44.91	C44.92	C44.99
C46.0	C4A.0	C4A.10	C4A.111

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		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	
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0460	E0465	E0466
		E0470	E0471	E0483	E0486
	Prosthetics are not DME – See orthotics and prosthetics	E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1825
		E2100	E2227	E2228	E2230
		E2298	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0812
		K0830	K0831	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040	T1999	T5999	V2786

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic and molecular testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.	81163	81164	81228	81229
		81277	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
	Home care professional requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and molecular testing prior authorization/notification program for each specified genetic test.	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	0018U
		0022U	0023U	0026U	0037U
		0047U	0048U	0050U	0055U
		0060U	0087U	0088U	0094U
		0101U	0102U	0103U	0111U
		0114U	0118U	0129U	0154U
		0170U	0171U	0179U	0209U
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test, and the laboratory will notify UnitedHealthcare.	0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0218U
		0233U	0237U	0238U	0239U
		0242U	0244U	0245U	0250U
		0258U	0262U	0265U	0268U
		0269U	0270U	0271U	0272U
		0273U	0274U	0276U	0277U
		0278U	0282U	0285U	0286U
		0288U	0289U	0290U	0291U
		0292U	0293U	0294U	0306U
		0307U	0318U	0319U	0320U
		0326U	0334U	0355U	0364U
		0378U	0379U	0388U	0389U
		0391U	0395U	0398U	0409U
		0417U	0425U	0426U	0437U
		0444U	0449U	0465U	0471U
		0473U	0474U	0475U	81349
		81425	81426	81427	81441
		81443	81449	81450	81451
		81455	81457	81458	81459
		81462	81463	81464	81471
		81523	81541	81542	81552
		S3854	S3865	S3870	
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
Hospice	Prior authorization required	T2045			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0801			
		Adakveo®			
		J0791			
		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™			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		Q5121			
		Benefix, Ixinity			
		J7195			
		Benlysta			
		J0490			
		Beovu			
		J0179			
		Beqvez			
		J1414			
		Berinert			
		J0597			
		Boniva (ibandronate)			
		J1740			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Briumvi®			
		J2329			
		Byooviz			
		Q5124			
		Cerezyme®			
		J1786			
		Chlorpromazine			
		J3230			
		Cimerli			
		Q5128			
		Cimzia®*			
		J0717			
		Cinqair®			
		J2786			
		Cinryze®			
		J0598			
		Cinvanti			
		J0185			
		Coagadex			
		J7175			
		Corifact			
		J7180			
		Cortrophin® Gel			
		J0802			
		Cosentyx IV			
		J3247			
		Crysvita®			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J0584
		Cutaquig®
		J1551
		Daxxify
		J0589
		Depo-Testosterone (testosterone cypionate)
		J1071
		Durolane
		J7318
		Elaprase®
		J1743
		Elelyso®
		J3060
		Elevidys
		J1413
		Elfabrio®
		J2508
		Eloctate
		J7205
		Enjaymo™
		J1302
		Entyvio®
		J3380
		Epogen, Procrit
		J0885
		Esperoct
		J7204
		Euflexxa
		J7323
		Evenity™
		J3111
		Evkeeza™
		J1305
		Exondys 51™
		J1428
		Eylea
		J0178
		Eylea HD
		J0177
		Fabrazyme®
		J0180
		Fasenra™
		J0517

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Feiba NF
		J7198
		Fensolvi®
		J1951
		Feraheme®
		Q0138
		Fibryga
		J7177
		Firmagon®
		J9155
		Fluphenazine
		J2679
		Fylnetra
		Q5130
		Gamifant®
		J9210
		Gelsyn-3
		J7328
		Geodon (ziprasidone mesylate)
		J3486
		Givlaari®
		J0223
		Glassia
		J0257
		Haloperidol Decanoate
		J1631
		Hemgenix
		J1411
		Hemlibra
		J7170
		Hemophilia clotting factor, not otherwise classified
		J7199
		Humate-P
		J7187
		Hypavzi
		J7172
		Idelvion
		J7202
		Ilaris®
		J0638
		Ilumya™
		J3245
		Inflectra®
		Q5103

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1552	
	J1554	J1555	J1556	J1557	
	J1559	J1561	J1566	J1568	
	J1569	J1572	J1575	J1599	
	Ixinity				
	J7213				
	Izervay				
	J2782				
	Jivi				
	J7208				
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Kisunla				
	J0175				
	Koate, Hemofil M				
	J7190				
	Kovaltry				
	J7211				
	Korsuva®				
	J0879				
	Krystexxa®				
	J2507				
	Lamzedo				
	J0217				
	Lanreotide				
	J1932				
	Lemtrada®				
	J0202				
	Leqembi®				
	J0174				
	Leqvio®				
	J1306				
	Lucentis				
	J2778				
	Lumizyme®				
	J0221				
	Lupron Depot®				
	J1950				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Lupron Depot, Eligard® J9217 Luxturna™ J3398 Mepsevii® J3397 Miacalcin (calcitonin) J0630 Mircera J0888 Monoferic® J1437 Naglazyme® J1458 Nexviazyme® J0219 Niktimvo J9038 Novoeight J7182 NovoSeven RT J7189 Nplate® J2802 Nucala® J2182 Nuwiq J7209 Nypozi Q5148 Obizur J7188 Ocrevus™ J2350 Ocrevus Zunuvo J2351 Octreotide Acetate J2354 OmvoH IV J2267 Onpattro™ J0222 Orencia®

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J0129 Otulf IV Q9999 Oxlumo™ J0224 Panzyga® J1576 Parsabiv™ J0606 Pavlu Q5147 Phenergan (promethazine) J2550 PiaSky J1307 Pombiliti J1203 Profilnine J7194 Prolia® J0897 Pyzchiva IV Q9997 Qalsody® J1304 Radicava® J1301 Rebinyn J7203 Reblozyl® J0896 Reclast, Zoledronic Acid J3489 Releuko® Q5125 Remicade® J1745 Renflexis® Q5104 Retacrit Q5106 Riabni™ Q5123

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		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®			
		J0491			
		Scenesse®			
		J7352			
		Selarsdi			
		Q9998			
		SevenFACT			
		J7212			
		Signifor® LAR			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Soliris®			
		J1299			
		Somatuline® Depot			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J1930
		Spevigo
		J1747
		Spinraza™
		J2326
		Spravato®
		S0013
		Stelara
		J3358
		Stequeyma IV
		Q5099
		Stimufend
		Q5127
		Sublocade™
		Q9991
		Sunlenca
		J1961
		Supprelin® LA
		J9226
		Susvimo
		J2779
		Syfovre™
		J2781
		Synagis®
		90378
		Tepezza®
		J3241
		Testopel
		S0189
		Testosterone Enanthate
		J3121
		Tezspire™
		J2356
		Therapeutic Radiopharmaceuticals
		A9607
		Tigan
		J3250
		Tofidence
		Q5133
		Trelstar®
		J3315
		Tremfya IV
		J1628

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Tretten
		J7181
		Triptodur®
		J3316
		Trogarzo™
		J1746
		Truxima®
		Q5115
		Tyenne
		Q5135
		Tzield™
		J9381
		Tysabri®
		J2323
		Ultomiris™
		J1303
		Unclassified codes**
		C9399 J3490 J3590
		Uplizna®
		J1823
		Uzedy
		J2799
		Vabysmo
		J2777
		Veopoz
		J9376
		Viltepso™
		J1427
		Vimizim®
		J1322
		Visudyne
		J3396
		Vonvendi
		J7179
		VPRIV®
		J3385
		Vyepti™
		J3032
		Vyjuvek™
		J3401
		Vyondys 53®
		J1429
		Vyvgart™

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J9332			
		Vyvgart Hytrulo			
		J9334			
		Wezlana IV			
		Q5138			
		White blood cell colony stimulating factors***			
		J1442	J1447	J1448	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122		
		Wilate			
		J7183			
		Xembify®			
		J1558			
		Xenpozyme™			
		J0218			
		Xolair®			
		J2357			
		Xyntha			
		J7185			
		Yesintek IV			
		Q5100			
		Zinplava			
		J0565			
		Zoladex®			
		J9202			
		Zolgensma®			
		J3399			
		Zyprexa			
		J2359			
* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. Or, you can call 888 397 8129.					
** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Nulibry™, Rivfloza and Revcovi					
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.					
Inpatient admission	Notification required for admissions	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: • Acute care hospitals • Acute inpatient rehabilitation			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
		• Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	21255	21296	21299	
		L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
Pediatric day services (PDHC)	Prior authorization required	T1024			
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Potentially Unproven Services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: - Certain CT, MRI, MRA and PET scans - Nuclear medicine and nuclear cardiology procedures	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 866-889-8054. For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 866-889-8054. For more details and the CPT codes that require prior authorization, please see Radiology Prior Authorization and Notification.			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a	Auditory System			
		69205			
		Cardiovascular System			
		36590	36832		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)	participating ASC.	Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive System			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Eye and Ocular Adnexa			
		65710	65820	66250	66710
		66711	66825	66986	66987
		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			

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

Procedures and services		Additional information		CPT® or HCPCS codes and how to obtain prior authorization	
Site of service (SOS) – outpatient hospital (cont.)		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	63003	63005	22899
		63001	63015	63016	63011
		63012	63030	63040	63017
		63020	63046	63047	63042
		63045	63056	63064	63050
		63055	63081	63085	63075
		63077	63101	63102	63087
		63090	63173	63185	63170
		63172	63200	63250	63190
		63191	63265	63267	63251
		63252	63271	63272	63268
		63270	63301	63302	63286
		63300	63305	63306	63303
		63304	0098T	63307	63308
*SOS also applies					
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
Neurostimulator					

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

43648	43881	43882	61863
61864	61867	61868	61885
61886	63650	63655	63685
64553	64555	64568	64570
64590	L8680	L8682	L8685
L8686	L8687	L8688	

Transplants

Prior authorization required

For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecl), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at **888-936-7246** or the notification number on the back of the member's health plan ID card.

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

CAR T-Cell Therapy

Q2041	Q2042	Q2053	Q2054
Q2055	Q2056	Q2057	

Gene Therapy

C9399**	J3391	J3392	J3393
J3394	J3490**	J3590**	Q2058

*Code 38232 will only require prior authorization for an oncology diagnosis

** For unclassified codes C9399, J3490 and J3590 Amtagvi, Lantidra, Ryoncil and Skysona will require prior authorization through Optum Transplant.

Vein procedures

Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins

Prior authorization required

36468	36473	36475	36478
37700	37718	37722	37765
37766	37780		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
of the extremities					
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			