

# Prior Authorization Requirements for Rhode Island Medicaid

Effective Mar. 1, 2025

## General Information

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

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Phone:** Call 855-766-0344

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/or How to Obtain Prior Authorization			
<b>Adult day services</b>	Prior authorization required	S5102			
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	Prior authorization is not required for routine outpatient services.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services			
Behavioral health services through a designated behavioral health network	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	11971

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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**Breast reconstruction (non-mastectomy) (cont.)**  
 Reconstruction of the breast, except when following mastectomy

<p><b>Cancer supportive services</b></p>	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis (Dx)</p> <p>*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.</p>	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Eflapegrastim-xnst (Rolvedon)</b> J1449*</p> <p><b>Filgrastim (Neupogen)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym)</b> Q5110*</p> <p><b>Filgrastim-ayow, (Releuko)</b> Q5125*</p> <p><b>Filgrastim-sndz (Zarxio)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta)</b> J2506*</p> <p><b>Pegfilgrastim-appgf, biosimilar (Nyvepria)</b> Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila)</b> Q5108</p> <p><b>Sargramostim (Leukine)</b> J2820</p> <p><b>Tbo-filgrastim (Granix)</b> J1447*</p> <p><b>Trilaciclib (Cosela)</b> J1448*</p> <p><b><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u></b> J0885 (Procrit)</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b> <b>Denosumab (Xgeva)</b> J0897</p> <p><b><u>Antiemetic codes That Require Prior Authorization:</u></b> J0185      J1453      J1454      J1627 J1456</p>
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Please submit requests online using the UnitedHealthcare Provider Portal. Go to

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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<b>Cancer supportive services (cont.)</b>		<a href="http://UHCprovider.com">UHCprovider.com</a> to sign in. Or, you can call <b>888-397-8129</b> .
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<b>Cardiology</b>	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes, prior to performance	<p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> to sign in. Or, you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please see <a href="#">Cardiology Prior Authorization and Notification</a>.</p>
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<b>Cardiovascular</b>	Prior authorization required for lower extremities angiogram	<table border="0"> <tr> <td>37220</td> <td>37221</td> <td>37224</td> <td>37225</td> </tr> <tr> <td>37226</td> <td>37227</td> <td>37228</td> <td>37229</td> </tr> <tr> <td>37230</td> <td>37231</td> <td>93580</td> <td></td> </tr> </table>	37220	37221	37224	37225	37226	37227	37228	37229	37230	37231	93580	
37220	37221	37224	37225											
37226	37227	37228	37229											
37230	37231	93580												

No prior authorization 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
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (cont.)</b>		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
		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 –</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
<b>Inpatient video Electroencephalogram (EEG)</b>	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting,	<b>Injectable chemotherapy drugs that require prior authorization:</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy (cont.)</b>	including intravenous, intravesical and intrathecal, for a cancer diagnosis	Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) Leuprolide Acetate (J1954) Lanreotide (J1932) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> to sign in. Or, you can call <b>888-397-8129</b> .			
<b>Cochlear and other auditory implants</b>	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 A9278* E2102	A4239 E0787	A9276* E2103	A9277*
		*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.			
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960 15820 15830 15879 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14020* 15821 15847 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	14021* 15822 15877 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14061* 15823 15878 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function					
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					
		*Effective May. 1, 2023 – Codes 14020, 14021 and 14061 do NOT require a prior auth when billed with a Dx code below.			
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cosmetic and reconstructive (cont.)</b>		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	
		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 DME codes listed with a retail purchase or cumulative rental cost of more than \$500 Prosthetics are not DME – see Orthotics and prosthetics.	A9279	A9280	A9900	E0194
			E0265	E0266	E0270	E0277
			E0300	E0328	E0329	E0445
			E0457	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (cont.)</b>		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	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	T1999	E2298
		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>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	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 surgical codes with the following Dx codes:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Gender dysphoria treatment (cont.)</b>		55180	56625	56800	56805	
		57110	57335	58150	58180	
		58260	58262	58290	58291	
		58541	58542	58543	58544	
		58550	58552	58553	58554	
		58570	58571	58572	58573	
		58661	58720	58940	64856	
		64892	64896			
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization 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.	81162	81163	81164	81228	
		81229	81349	81400	81401	
		81402	81403	81404	81405	
		81406	81407	81408	81410	
		81411	81412	81413	81414	
		81415	81416	81417	81420	
		81431	81432	81435	81437	
		81439	81440	81445	81448	
		81460	81465	81479	81507	
		81518	81519	81520	81521	
		81522	81523	81546	81595	
		81599	87505	87506	87507	
		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.	0006M	0007M	0018U	0022U
			0023U	0026U	0055U	0060U
	0087U		0088U	0111U	0129U	
	0154U		0170U	0171U	0172U	
	0173U		0175U	0179U	0209U	
	0214U		0215U	0216U	0217U	
	0218U		0237U	0238U	0250U	
	0252U		0245U	0253U	0254U	
	0258U		0260U	0262U	0264U	
	0265U		0266U	0267U	0268U	
	0269U		0270U	0271U	0272U	
	0273U		0274U	0276U	0277U	
	0278U		0282U	0285U	0286U	
	0287U	0288U	0289U	0290U		
	0291U	0292U	0293U	0294U		
0296U	0297U	0298U	0299U			
0300U	S3870					
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	G0493	G0494	
		G0495	G0496	S9122	S9123	
		S9124	S9474			
<b>Hospice</b>	Prior authorization required	T2042	T2043	T2044	T2045	
<b>Injectable medications</b>	Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="#">UHCprovider.com</a> to sign in. Or, you can call <b>888-397-8129</b> .	<b>Actemra</b>				
		J3262				
		<b>Acthar</b>				
		J0801				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		<b>Adakveo</b>	J0791		
		<b>Aduhelm</b>	J0172		
		<b>Adzyna</b>	J7171		
		<b>Aldurazyme</b>	J1931		
		<b>Alyglo</b>	J1552		
		<b>Amondys 45</b>	J1426		
		<b>Amvuttra</b>	J0225		
		<b>Aralast NP, Prolastin – C, Zemaira</b>	J0256		
		<b>Avsola</b>	Q5121		
		<b>Benlysta</b>	J0490		
		<b>Beovu</b>	J0179		
		<b>Beqvez</b>	J1414		
		<b>Berinert</b>	J0597		
		<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>Cimerli</b>	Q5128		
		<b>Cimzia*</b>	J0717		
		<b>Cinqair</b>	J2786		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		<b>Cinryze</b> J0598
		<b>Cosentyx</b> J3247
		<b>Crysvita</b> J0584
		<b>Cutaquig</b> J1551
		<b>Daxxify</b> J0589
		<b>Elaprase</b> J1743
		<b>ElELYso</b> J3060
		<b>Elevidys</b> J1413
		<b>Elfabrio</b> J2508
		<b>Enjaymo</b> J1302
		<b>Entyvio</b> J3380
		<b>Evenity</b> J3111
		<b>Evkeeza</b> J1305
		<b>Exondys 51</b> J1428
		<b>Eylea HD</b> J0177
		<b>Eylea</b> J0178
		<b>Fabrazyme</b> J0180
		<b>Fasenra</b> J0517
		<b>Fensolvi</b> J1951
		<b>Feraheme</b> Q0138
		<b>Firmagon</b> J9155

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		<b>Fynetra</b>	Q5130		
		<b>Gamifant</b>	J9210		
		<b>Givlaari</b>	J0223		
		<b>Glassia</b>	J0257		
		<b>Hemgenix</b>	J1411		
		<b>Ilaris</b>	J0638		
		<b>Ilumya</b>	J3245		
		<b>Inflectra</b>	Q5103		
		<b>Injectafer</b>	J1439		
		<b>IVIG</b>	90283	90284	J1459
			J1555	J1556	J1557
			J1561	J1566	J1568
			J1572	J1575	J1599
		<b>Izervay</b>	J2782		J1554
		<b>Kalbitor</b>	J1290		J1559
		<b>Kanuma</b>	J2840		J1569
		<b>Kisunla</b>	J0175		
		<b>Korsuva</b>	J0879		
		<b>Krystexxa</b>	J2507		
		<b>Lamzede</b>	J0217		
		<b>Lanreotide</b>	J1932		
		<b>Lemtrada</b>	J0202		
		<b>Leqembi*****</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		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>Monoferric</b>
		J1437
		<b>Naglazyme</b>
		J1458
		<b>Nexviazyme</b>
		J0219
		<b>Nplate</b>
		J2802
		<b>Nucala</b>
		J2182
		<b>Ocrevus</b>
		J2350
		<b>Octreotide Acetate</b>
		J2354
		<b>OmvoH</b>
		J2267
		<b>Onpatro</b>
		J0222
		<b>Orencia</b>
		J0129
		<b>Oxlumo</b>
		J0224
		<b>Panzyga</b>
		J1576
		<b>Parsabiv</b>
		J0606
		<b>Pombiliti</b>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		J1203
		<b>Prolia*****</b>
		J0897
		<b>Purified Cortrophin Gel</b>
		J0802
		<b>Qalsody</b>
		J1304
		<b>Radicava</b>
		J1301
		<b>Reblozyl</b>
		J0896
		<b>Releuko</b>
		Q5125
		<b>Remicade</b>
		J1745
		<b>Renflexis</b>
		Q5104
		<b>Riabni</b>
		Q5123
		<b>Rituxan</b>
		J9312
		<b>Rituxan Hycela</b>
		J9311
		<b>Roctavian</b>
		J1412
		<b>Rolvedon</b>
		J1449
		<b>Ruconest</b>
		J0596
		<b>Ruxience</b>
		Q5119
		<b>Ryplazim</b>
		J2998
		<b>Rystiggo</b>
		J9333
		<b>Sandostatin LAR</b>
		J2353
		<b>Saphnelo</b>
		J0491
		<b>Scenesse</b>
		J7352
		<b>Signifor LAR</b>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J2502			
		<b>Simponi Aria</b>			
		J1602			
		<b>Skyrizi</b>			
		J2327			
		<b>Sodium Hyaluronate</b>			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		<b>Soliris</b>			
		J1300			
		<b>Somatuline Depot</b>			
		J1930			
		<b>Spevigo</b>			
		J1747			
		<b>Spinraza</b>			
		J2326			
		<b>Stelara</b>			
		J3358			
		<b>Stimufend</b>			
		Q5127			
		<b>Supprelin LA</b>			
		J9226			
		<b>Susvimo</b>			
		J2779			
		<b>Syfovre</b>			
		J2781			
		<b>Synagis*</b>			
		90378			
		<b>Tepezza</b>			
		J3241			
		<b>Tezspire</b>			
		J2356			
		<b>Therapeutic Radiopharmaceuticals***</b>			
		A9513	A9590	A9606	A9699
		A9607			
		<b>Tofidence****</b>			
		Q5133			
		<b>Trelstar</b>			
		J3315			
		<b>Tremfya IV</b>			
		J1628			
		<b>Triptodur</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J3316			
		<b>Truxima</b>			
		Q5115			
		<b>Tyenne****</b>			
		Q5135			
		<b>Tzield</b>			
		J9381			
		<b>Ultomiris</b>			
		J1303			
		<b>Unclassified codes**</b>			
		J3490	J3590	C9399	
		<b>Uplizna</b>			
		J1823			
		<b>Vabysmo</b>			
		J2777			
		<b>Veopoz</b>			
		J9376			
		<b>Viltepso</b>			
		J1427			
		<b>Vimizim</b>			
		J1322			
		<b>Vyepti</b>			
		J3032			
		<b>Vyjuvek</b>			
		J3401			
		<b>Vyondys 53</b>			
		J1429			
		<b>Vyvgart</b>			
		J9332			
		<b>Vyvgart Hytrulo</b>			
		<b>J9334</b>			
		<b>White blood cell colony stimulating factors*****</b>			
		J1442	J1447	J1448	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122		
		<b>Xembify</b>			
		J1558			
		<b>Xenpozyme</b>			
		J0218			
		<b>Xolair</b>			
		J2357			
		<b>Zoladex</b>			
		J9202			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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**Injectable medications (cont.)**

**Zolgensma**  
J3399

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). They're also included on our [Review at Launch Medication List](#). Pre-determination is highly recommended for the drugs on this list.

\*Please obtain prior notification for Cimzia, and Synagis through OptumRx prior notifications services at **800-310-6826**.

\*\* For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is required for Casgevy, Lantidra, Nulibry, Revcovi, Rivfloza, and Xenpозyme.

\*\*Effective April. 1, 2023 - Tzield only use temp codes of J3490 and J3590, not C9399.

\*\*Effective May. 1, 2023 – Cimer

\*\*\* Please submit requests online using the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) to sign in. Or, you can call **888-397-8129**.

\*\*\*\*Effective Oct. 1, 2024: Prior authorization required for Q5133, and Q5135.

Prior authorization is not required for ESRD diagnosis.

\*\*\*\*\*For codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology Dx.

For oncology Dx please see Cancer supportive care section above.

For non-oncology Dx, submit online at [UHCProvider.com](https://UHCProvider.com) using the Prior Authorization and Notification tool on your dashboard. Or, you can connect with us 24/7 using our [Contact us](#) page.

\*\*\*\*\* Effective Jan. 1, 2023 Prior authorization required for J0897 for non oncology Dx.

\*\*\*\*\* Effective Aug. 1, 2023 Prior authorization required for J0174.

<b>Inpatient admissions</b>	Notification with service detail required (e.g., CPT/HCPCS code)
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<b>Inpatient admissions – post- acute services</b>	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:
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- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals
- Skilled nursing facilities

<b>Joint replacement</b>	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
Joint, total hip and knee replacement procedures		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Musculoskeletal</b>	Prior authorization required	<b>Shoulder surgery</b>			
		23470	23472	23473	23474
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Orthognathic surgery</b>  Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		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	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L8612	L8631	L8659	
Potentially unproven services	Prior authorization required	33289	C2624		
Private duty nursing	Prior authorization required	T1000			
Prostate procedure	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
<b>Radiology</b>	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	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> to sign in. 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>Radiation therapy</b>	Prior authorization required	<b>IGRT</b> 77014                      77387                      G6001                      G6002 G6017 <b>IMRT</b> Intensity-Modulated Radiation Therapy 77385                      77386                      G6015                      G6016  <b>Proton Beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520                      77522                      77523                      77525 <b>Special/Associated Services</b> 77331                      77370                      77399                      77470 <b>SRS/SBRT</b> 77371                      77372                      77373                      G0339 G0340 <b>Standard Radiation Therapy (2D/3D)</b> Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92 77401                      77402                      77407                      77412 G6003                      G6004                      G6005                      G6006 G6007                      G6008                      G6009                      G6010 G6011                      G6012                      G6013                      G6014 <b>Y90</b> Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445                      S2095  Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> to sign in. Or, you can call <b>866-889-8054</b> .			
<b>Septoplasty and rhinoplasty</b>	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Septoplasty and rhinoplasty (cont.)</b>					
Treatment of nasal functional impairment and septal deviation					
<b>Shoulder surgery</b>	Prior authorization required	<b>Musculoskeletal System</b>			
		29805	29806	29807	29819
	SOS applies to all codes in this category	29820	29822	29823	29824
		29825	29826	29827	29828
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<b>Auditory System</b>			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69205			
		<b>Cardiovascular System</b>			
		36590	36832		
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	66987
		66988			
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive System</b>			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and Ocular Adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (cont.)</b>		<b>Gynecologic procedures</b>			
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		<b>Hemic and Lymphatic Systems</b>			
		38500	38510	38525	
		<b>Hernia repair</b>			
		49505	49650	49651	
		<b>Integumentary System</b>			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		<b>Liver biopsy</b>			
		47000			
		<b>Male Genital System</b>			
		54840			
		<b>Miscellaneous</b>			
		20680			
		<b>Musculoskeletal System</b>			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22902	22903	23071
		23075	24071	27327	27337
		27632	28035	28039	28041
		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29835
		29840	29845	29846	29848
		29861	29875	29876	29877
		29879	29880	29881	29882
		29888	29893	G0260	
		<b>Nervous System</b>			
		64561	64640		
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory System</b>			
		30802	30930	31525	31535
	31536	31541	31624		
	<b>Tonsillectomy and adenoidectomy</b>				
	42820	42821	42825	42826	
	42830				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont.)		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	54161
		55040	55700	57288	
		<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
<b>Sleep studies</b>	Prior authorization required	95805	95807	95808	95810
		95811			
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0098T
		*SOS also applies			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Stimulators</b>  Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>					
		E0747	E0748	E0749	E0760		
		<b>Neurostimulator</b>					
		43648	43881	43882	61885		
		63650	63655	63685	64553		
		64568	64570	64590	L8680		
		L8682	L8685	L8686	L8687		
		L8688					
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services, including Abecma (Idecaptogene Cicleucel), Breyanzi (Lisocabtagene Maralucel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Yescarta (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's 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	J3392	J3393	J3394		
		<b>CAR T-Cell Therapy</b>					
		Q2056	Q2041	Q2042	Q2053		
		Q2054	Q2055				
		<b>Gene Therapy</b>					
		J3490***	J3590***	C9399***			
		* Code 38232 will only require prior authorization for an oncology diagnosis					
		*** For Unclassified codes J3490, J3590, and C9399, Amtagvi, Lenmeldy, Skysona, and Tecelra will require Prior Authorization through Optum Transplant.					
		<b>Vein procedures</b>  Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473	36475	36478	37700
				37718	37722	37765	37766
37780							

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Wound vac	Prior authorization required	E2402