Prior authorization requirements for Virginia Cardinal Care

Effective November 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Virginia/Virginia Cardinal Care health care professionals providing inpatient and outpatient services. Please submit your requests 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 at 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 **844-284-0146**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers 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			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	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 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		
Brain injury	Prior authorization required	S0281			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization required	19316 19318 19325 19328 19330 19340 19342 19350 19357 19361 19364 19367 19368 19369 19370 19371 19380 19396 L8600 11971 Prior Auth NOT required for diagnosis codes listed below: C50.011 C50.012 C50.019 C50.021 C50.022 C50.029 C50.111 C50.112 C50.119 C50.121 C50.122 C50.129 C50.211 C50.212 D05.219 D05.221 D05.222 C50.229 C50.311 C50.312 C50.319 C50.321 C50.322 C50.329 C50.411 C50.412 C50.419 C50.421 C50.422 C50.429 C50.511 C50.512 C50.519 C50.521 C50.522 C50.529 C50.611 C50.612 C50.619 C50.621 C50.622 C50.629 C50.811 C50.812 C50.819 C50.821 C50.822 C50.829 C50.911 C50.912 C50.919 C50.921 C50.922 C50.929 C79.81 D05.00 D05.01 D05.02 D05.10 D05.11 D05.12 D05.80 D05.81 D05.82 D05.90 D05.91 D05.92 Z42.1 Z85.3 Z90.10 Z90.11 Z90.12 Z90.13
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis (Dx) *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 Q5125, Q5136, Q5157, Q5158, Q5159, and Q5148 also require prior	**Injectable colony-stimulating factor drugs that require prior authorization:** **Biosimilar (Zarxio)** Q5101* **Eflapegrastim-xnst (Rolvedon)** J1449 **Filgrastim (Neupogen)** J1442* **Filgrastim-aafi (Nivestym)** Q5110* **Filgrastim-ayow (Releuko)** Q5125* **Pegfilgrastim-apgf (Nyvepria)** Q5122* **Pegfilgrastim (Neulasta)**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Cancer supportive care (cont.)	authorization for non-oncology diagnosis (Dx). See injectable medications section.	J2506 **Pegfilgrastim-bmez (Ziextenzo)** Q5120* **Pegfilgrastim-cbqv (Udenyca)** Q5111* **Pegfilgrastim-jmdb (Fulphila)** Q5108* **Sargramostim (Leukine)** J2820 **Tbo-filgrastim (Granix)** J1447* **Injectable erythropoiesis-stimulating agents that require prior authorization:** J0885 (Procrit) **Bone-modifying agent that requires prior authorization:** **Denosumab (Xgeva)** J0897 **Antiemetic codes that require prior authorization** J1456 J1434 J2468 Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**.
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal Dashboard. Or call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/VAcommunityplan>Prior Authorization and Notification Resources>Cardiology Prior Authorization and Notification Program
Cardiovascular	Prior authorization required	37254 37256 37258 37260 37263 37265 37267 37269 37271 37273 37275 37277 37280 37282 37284 37286

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		37288	37290	37292	37294
		37296	37298		
		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
		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	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	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	M86.8X51
		M86.8X52	M86.8X59	M86.8X61	M86.8X62
		M86.8X69	M86.8X71	M86.8X72	M86.8X79
		M86.8X89	M86.8X9	M86.9	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	S35.511A	S35.512A	S81.801A
		S81.802A	S81.809A	S91.301A	S91.302A
		S91.309A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.818A	T82.868A	T82.898A	
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and	**Injectable chemotherapy drugs that require prior authorization:** Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot (J1950), leuprolide acetate (J1954), lanreotide (J1932) J J1299, J1323, J1326, J2277, J3055, J3263 • 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			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	intrathecal for a cancer diagnosis	Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**.			
Cochlear implants and other auditory implants A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278 Prior authorization is required with the following Type 2 and gestational diabetes Dx codes: E11.00 E11.21 E11.319 E11.3219 E11.3299 E11.3319 E11.3399 E11.3419 E11.3499 E11.3519 E11.3529 E11.3539 E11.3549 E11.3559 E11.3599 E11.37X3 E11.41 E11.49 E11.610 E11.622 E11.641 E11.8	A4239 E0787 E11.01 E11.22 E11.3211 E11.3291 E11.3311 E11.3391 E11.3411 E11.3491 E11.3511 E11.3521 E11.3531 E11.3541 E11.3551 E11.3591 E11.36 E11.37X9 E11.42 E11.51 E11.618 E11.628 E11.649 E11.9	A9276 E2103 E11.10 E11.29 E11.3212 E11.3292 E11.3312 E11.3392 E11.3412 E11.3492 E11.3512 E11.3522 E11.3532 E11.3542 E11.3552 E11.3592 E11.37X1 E11.39 E11.43 E11.52 E11.620 E11.630 E11.65 O24.111	A9277 E2102 E11.11 E11.311 E11.3213 E11.3293 E11.3313 E11.3393 E11.3413 E11.3493 E11.3513 E11.3523 E11.3533 E11.3543 E11.3553 E11.3593 E11.37X2 E11.40 E11.44 E11.59 E11.621 E11.638 E11.69 O24.112

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		
Cosmetic and reconstructive 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	Prior authorization required	11960	14020*	14021*	14060
		14061*	14301	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		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			
		Prior authorization not required when billed with the following Dx codes 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
		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

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cosmetic and reconstructive (cont.)		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	
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than $500. Prosthetics are not DME – See orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold – See home health	A9279	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
		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

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)	care.	E2322 E2331 E2626 E2630 K0005 K0606 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 T5999	E2325 E2351 E2627 E8000 K0008 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V2786	E2327 E2373 E2628 E8001 K0013 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	E2329 E2510 E2629 E8002 K0108 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 T1999
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998		
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767 A9274 S1030	36514 66180 E0231 S1031	64722 A4638 E1831 S2102	65765 A6000 S0810
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic Sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gender dysphoria treatment	Prior authorization required	14000 14061 15776 15782 15789 21083 21172 31899 55970 These surgical codes with the following Dx codes do require a prior auth:	14001 15757 15777 15783 15792 21087 21270 64856 55980	14021 15758 15780 15787 15793 21120 21899 64892	14041 15775 15781 15788 17380 21122 31599 64896

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		F64.0 F64.9 Z87.8903	F64.1 F64.A Z87.8904	F64.2 Z87.8901 Z87.8909	F64.8 Z87.8902 Z87.893
Genetic and molecular testing	Prior authorization required	81162 81229 81400 81404 81408 81413 81417 81426 81441 81458 81463 81519 81599 0022U 0037U 0048U 0088U 0101U 0103U 0129U 0242U 0265U 0272U 0288U 0378U 0391U 0426U 0475U	81163 81247 81401 81405 81410 81414 81425 81427 81449 81459 81464 81520 87505 0023U 0047U 0050U 0094U 0102U 0111U 0237U 0244U 0267U 0273U 0289U 0379U 0395U 0444U S3870	81164 81277 81402 81406 81411 81415 81425 81431 81451 81460 81465 81546 87506 0026U 0047U 0050U 0094U 0102U 0118U 0238U 0245U 0268U 0274U 0326U 0388U 0398U 0473U	81228 81277 81403 81407 81412 81416 81426 81439 81457 81462 81479 81595 0018U 0037U 0048U 0087U 0101U 0103U 0118U 0239U 0250U 0271U 0276U 0364U 0389U 0425U 0474U
Home health care	Prior authorization required only in outpatient settings, including member's home.	G0299 G0495	G0300 G0496	G0493 S9474	G0494
Hysterectomy	Prior authorization required	58150 58262 58290 58543 58553	58152 58263 58291 58544 58570	58180 58267 58292 58550 58571	58260 58270 58542 58552 58572

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
		58573
Injectable medications	Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**.	**Actemra** J3262 **Acthar** J0801 **Adakveo** J0791 **Adzynma** J7171 **Aldurazyme** J1931 **Alyglo** J1552 **Amondys 45** J1426 **Amvuttra** J0225 **Aralast NP, Prolastin-C, Zemaira** J0256 **Avlayah** J1757 **Avsola** Q5121 **Avtozma** Q5156 **Azmiro** J1072 **Benlysta** J0490 **Beovu** J0179 **Beqvez** J1414 **Bildyos** Q5162 **Bkemv** Q5152 **Bosaya** Q5161 **Botulinum toxins** J0585 J0586 J0587 J0588 **Brineura**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J0567 **Briumvi** J2329 **Byooviz** Q5124 **Cerezyme** J1786 **Cimerli** Q5128 **Cimzia*** J0717 **Cinqair** J2786 **Conexxence** Q5158 **Cosentyx** J3247 **Crysvita** J0584 **Cutaquig** J1551 **Daxxify** J0589 **Elaprase** J1743 **Elelyso** J3060 **Elevidys** J1413 **Elfabrio** J2508 **Encelto** J3403 **Enjaymo** J1302 **Entyvio** J3380 **Epysqli** Q5151 **Evenity** J3111 **Evkeeza**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J1305 **Exdensur** J2361 **Exondys 51** J1428 **Eylea HD** J0177 **Eylea** J0178 **Fabrazyme** J0180 **Fasenra** J0517 **Fensolvi** J1951 **Feraheme** Q0138 **Fylnetra** Q5130 **Gamifant** J9210 **Gazyva** J9301 **Givlaari** J0223 **Glassia** J0257 **Hemgenix** J1411 **Hemlibra** J7170 **Hyalgan, Supartz, Visco-3** J7321 **Hymovis, Hymovis One** J7322 **Hympavzi** J7172 **Ilaris** J0638 **Ilumya** J3245 **Imaavy**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		J9256 **Imuldosa IV** Q5098 **Inflectra** Q5103 **Injectafer** J1439 **Itvisma** J3405 **IVIG** 90283 90284 J1459 J1553 J1554 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1577 J1599 **Izervay** J2782 **Jubbonti** Q5136 **Kanuma** J2840 **Kisunla** J0175 **Korsuva** J0879 **Krystexxa** J2507 **Lamzede** J0217 **Lanreotide** J1932 **Lemtrada** J0202 **Leqembi** J0174 **Leqvio** J1306 **Loargys** J1818 **Lucentis** J2778 **Lumizyme** J0221			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Luxturna** J3398 **Mepsevii** J3397 **Monoferric** J1437 **Naglazyme** J1458 **Nexviazyme** J0219 **Niktimvo** J9038 **Nplate** J2802 **Nucala** J2182 **Nulibry** J1809 **Nypozi** Q5148 **Ocrevus** J2350 **Ocrevus Zunovo** J2351 **Omvoh** J2267 **Onpattro** J0222 **Orencia** J0129 **Ospomyv** Q5159 **Otulfi IV** Q9999 **Oxlumo** J0224 **Panzyga** J1576 **Papzimeos** J3404 **Parsabiv** J0606 **Pavblu**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Q5147 **Piasky** J1307 **Pombiliti** J1203 **Prolia** J0897 **Purified Cortrophin Gel** J0802 **Pyzchiva IV** Q9997 **Qalsody** J1304 **Radicava** J1301 **Reblozyl** J0896 **Releuko** Q5125 **Remicade** J1745 Renflexis Q5104 **Roctavian** J1412 **Rolvedon** J1449 **Ryplazim** J2998 **Rystiggo** J9333 **Saphnelo** J0491 **Scenesse** J7352 **Selarsdi** Q9998 **Signifor LAR** J2502 **Simponi Aria** J1602 **Skyrizi** J2327

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Sodium hyaluronate** J7320 J7324 J7325 J7326 J7327 J7329 J7331 J7332 **Soliris** J1299 **Spevigo** J1747 **Spinraza** J2326 **Spravato** J0013 **Starjemza** Q5164 **Stelara IV** J3358 **Steqeyma IV** Q5099 **Stimufend** Q5127 **Stoboclo** Q5157 **Susvimo** J2779 **Syfovre** J2781 **Synagis*** 90378 **Tepezza** J3241 **Tezspire** J2356 **Therapeutic radiopharmaceuticals****** A9513 A9590 A9699 A9606 A9607 A9615 **Tofidence** Q5133 **Tremfya IV** J1628 **Triptodur** J3316 **Tyenne** Q5135 **Tzield**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J9381 **Ultomiris** J1303 **Unclassified codes**** J3490 J3590 C9399 **Uplizna** J1823 **Vabysmo** J2777 **Veopoz** J9376 **Viltepso** J1427 **Vimizim***** J1322 **Vyepti** J3032 **Vyjuvek** J3401 **Vyondys 53** J1429 **Vyvgart** J9332 **Vyvgart Hytrulo** J9334 **Wezlana IV** Q5138 **White blood cell colony-stimulating factors***** J1442 J1447 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 **Xembify** J1558 **Xenpozyme** J0218 **Xolair** J2357 **Yartemlea** J1289 **Yesintek IV** Q5100 **Zolgensma** J3399

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		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 Optum Rx prior notifications services at 800-310-6826. **For unclassified and temporary codes, C9399, J3490 and J3590, prior authorization is only required for Casgevy, Kebilidi, Lantidra, Lupaneta Pack, Ocrevus Pavblu, Revcovi, Rivfloza, and Zunovo. ***Codes J1442, J1447 J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, white blood cell colony-stimulating factors, will require prior authorization for both oncology and non-oncology Dx. For oncology Dx please see Cancer supportive care section. For non-oncology Dx, please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can connect with us 24/7 using our **Contact us** page. **** Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**.
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	27120 27125 27130 27132 27134 27137 27138 27412 27446 27447 27486 27487 29866 29867 29868 J7330 S2112
Musculoskeletal	Prior authorization required	**Shoulder surgery** 23470 23472 23473 23474
Non-emergent air ambulance transport	Prior authorization required	A0430 A0431 A0435 A0436 S9960 S9961
Occupational/ physical therapy	Prior authorization required after the initial evaluation and before the initial therapy visit, and is required for all on going therapy	97012 97016 97018 97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110 97112 97113 97116 97124 97139 97140 97150 97530 97533 97535 97537 97542 97545 97546 97750 97755 97760 97761

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	visits. Note: Only members 3 years of age and older require a prior auth.	97799			
Orthognathic surgery Treatment of maxillofacial/ jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics and prosthetics	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than $500.	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1840 L1847 L1970 L2020 L2037 L2108 L2510 L3230 L3720 L3764 L3905 L3976 L4010 L5020 L5105 L5210 L5270 L5321	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1820 L1844 L1860 L2000 L2030 L2038 L2126 L2526 L3649 L3730 L3900 L3961 L3977 L4020 L5050 L5150 L5220 L5280 L5331	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1832 L1845 L1945 L2005 L2034 L2060 L2136 L2627 L3671 L3740 L3901 L3971 L3999 L4631 L5060 L5160 L5230 L5301 L5341	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1834 L1846 L1950 L2010 L2036 L2106 L2350 L2628 L3674 L3763 L3904 L3975 L4000 L5010 L5100 L5200 L5250 L5312 L5400

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	L5657
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5782	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	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		L6034	L6035	L6036	L6038
		L6039	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

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
		L8043 L8044 L8045 L8046 L8047 L8499 L8610 L8612 L8631 L8659
Potentially unproven services	Prior authorization required	33289 C2624
Private duty nursing	Prior authorization required	T1000 T1002 T1003
Prostate procedures	Prior authorization required	37243 52441 52442 53850 55874
Radiation therapy	Prior authorization required	**Image-guided radiation therapy (IGRT)** 77387 **Proton beam** Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 **Special/associated services** 77331 77370 77399 77470 **Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT)** 77371 77372 77373 **Radiation treatment delivery** 77402* 77407 77412 79445* S2095* * Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Radiation therapy (cont.)		Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92 Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **866-889-8054**.
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, you can call **866-889-8054**. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/VAcommunityplan>Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462 30465
Shoulder surgery	Prior authorization required	**Musculoskeletal system** 29823 29824 29825 29826 29827 29828
Sinuplasty	Prior authorization required	31295 31296 31297 31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and	Prior authorization required	21685 41599 42145

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Speech therapy	Prior authorization required after the initial evaluation and before the initial therapy visit, and is required for all on going therapy visits. Note: Only members 3 years of age and older require a prior auth.	92507	92508	92526	
Spinal surgery	Prior authorization required	0098T 22212 22510 22514 22548 22558 22600 22633 22808 22819 22856 63003 63015 63030 63046 63056 63081 63101 63191 63271 63302 63306	22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22861 63005 63016 63040 63047 63064 63085 63102 63267 63272 63303 63307	22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22899 63011 63017 63042 63050 63075 63087 63185 63268 63300 63304 63308	22210 22224 22513 22533 22556 22595 22630 22804 22818 22852 63001 63012 63020 63045 63055 63077 63090 63190 63270 63301 63305
Stimulators Implantation of a	Prior authorization required	**Bone-growth stimulator** E0747	E0748	E0749	E0760
		Neurostimulator			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
device that sends electrical impulses		43648	43881	61863	61867
		61885	61886	63650	63655
		63685	64553	64555	64568
		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 maraluecel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel) Tecartus (brexucabtagene autoleucel), Waskyra, Yartemlea and Yescarta (axicabtagene ciloleucel), please call the Optum Health Transplant Resource Services at 888-805-1802 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
		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	38232*	J1289	J3386
		J3387	J3389	J3391	J3392
		J3393	J3394	J3402	S2060
		S2061	S2152		
		CAR T-cell therapy			
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	Q2058
		Gene therapy			
		J3490***	J3590***	C9399***	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		***For Unclassified codes J3490, J3590, and C9399, Amtagvi and Kresladi will require Prior Authorization through Optum Transplant.			
Vein procedures Removal and ablation of the main trunks and	Prior authorization required	36473	36475	36478	37700
		37718	37722	37780	

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
named branches of the saphenous veins for treating venous disease and varicose veins 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 health plan ID card. 33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509
Wound vac	Prior authorization required	E2402

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