

Prior authorization requirements for Virginia Cardinal Care

Effective July 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			

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	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>
		Biosimilar (Zarxio) Q5101*
		Eflapegrastim-xnst (Rolvedon) J1449
		Filgrastim (Neupogen) J1442*
		Filgrastim-aafi (Nivestym) Q5110*
		Filgrastim-ayow (Releuko) Q5125*
		Pegfilgrastim-apgf (Nyvepria) Q5122*
		Pegfilgrastim (Neulasta)

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Cancer supportive care (cont.)	Q5125, Q5136, Q5157, Q5158, Q5159, and Q5148 also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.	<p>J2506</p> <p>Pegfilgrastim-bmez (Ziextenzo) Q5120*</p> <p>Pegfilgrastim-cbqv (Udenyca) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila) Q5108*</p> <p>Sargramostim (Leukine) J2820</p> <p>Tbo-filgrastim (Granix) J1447*</p> <p><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u> J0885 (Procrit)</p> <p><u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva) J0897</p> <p><u>Antiemetic codes that require prior authorization</u> J1456 J1434 J2468</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.</p>
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.	<p>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.</p> <p>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</p>
Cardiovascular	Prior authorization	<p>93580</p> <p>No prior authorization required for the following diagnosis codes:</p>

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)	required	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	I77.2	I77.72
			I77.77	I77.79	I74.4
			I74.5	I74.8	I74.9
			I75.022	I75.023	I75.029
			T82.818A	T82.868A	S81.801A
			S81.809A	S91.301A	S91.302A
			M86.051	M86.052	M86.059
			S81.802A		
			S91.309A		
			M86.061		

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Cardiovascular (cont.)		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				

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 not required for outpatient hospital or ambulatory surgical center.				

Chemotherapy Prior authorization required for **Injectable chemotherapy drugs that require prior authorization:** Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640),

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Chemotherapy (cont.)	injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	levoleucovorin (J0641, J0642), Lupron Depot (J1950), leuprolide acetate (J1954), lanreotide (J1932) J J1299, J1323, J1326, J2277, J3055, J3263 <ul style="list-style-type: none"> • 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 Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .			
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Cochlear implants and other auditory implants	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech					

Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2103	A9277 E2102
Prior authorization is required with the following Type 2 and gestational diabetes Dx codes:					
		E11.00	E11.01	E11.10	E11.11
		E11.21	E11.22	E11.29	E11.311
		E11.319	E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
Cosmetic and reconstructive (cont.)		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		
	Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative	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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)	rental cost of more than \$500.	E0694	E0700	E0710	E0745
		E0762	E0764	E0766	E0784
	Prosthetics are not DME – See orthotics and prosthetics.	E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030
		E1035	E1036	E1130	E1161
		E1229	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
	Some home health care services may qualify but are not subject to the cost threshold – See home health care.	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	K0606	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	V5269	
	V5270	V5271	V5272	V5274	
	V5281	V5282	V5283	V5286	
	V5287	V5288	V5290	E2298	
Enteral services	Prior authorization required	B9002	B9998		
In-home nutritional therapy, either enteral or through a gastrostomy tube					
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	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional	Prior	31240	31253	31254	31255

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
endoscopic Sinus surgery (FESS)	authorization required	31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	14000	14001	14021	14041
		14061	15757	15758	15775
		15776	15777	15780	15781
		15782	15783	15787	15788
		15789	15792	15793	17380
		21083	21087	21120	21122
		21172	21270	21899	31599
		31899	64856	64892	64896
		55970	55980		
		These surgical codes with the following Dx codes do require a prior auth:			
		F64.0 F64.9	F64.1 Z87.890	F64.2	F64.8
Genetic and molecular testing	Prior authorization required	81162	81229	81403	81407
		81412	81416	0037U	0050U
		81465	81519	81546	87506
		0022U	0060U	0129U	0245U
		0254U	0264U	0268U	0272U
		0277U	81163	81400	81404
		81408	81413	81417	0047U
		0094U	81479	81520	81595
		87507	0023U	0087U	0154U
		0250U	0258U	0265U	0269U
		0273U	0278U	81164	81401
		81405	81410	81414	81336
		0048U	0101U	81364	0103U
		81599	0007M	0026U	0088U
		0237U	0252U	0260U	0266U
		0270U	0274U	0282U	81228
		81402	81406	81411	81415
		81431	81439	81460	0102U
		0118U	87505	0018U	0055U
		0111U	0238U	0253U	0262U
0267U	0271U	0276U	S3870		
81120	81277	0006M	81425		
81242	81426	81251	81247		
0037U	0047U	0048U	0050U		
0094U	0101U	0102U	0103U		
0118U	81277	81425	81426		

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing (cont.)		81427	81449	81451	81457
		81458	81459	81462	81463
		81464	81441	0425U	0426U
		0437U	0444U	0449U	0465U
		0471U	0473U	0474U	0475U
		0364U	0378U	0379U	0388U
		0389U	0391U	0395U	0398U
		0326U	0233U	0239U	0242U
		0244U	0285U	0286U	0288U
		0289U	0290U	0291U	0292U
	0293U	0294U	0114U		
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 58573	58152 58263 58291 58544 58570	58180 58267 58292 58550 58571	58260 58270 58542 58552 58572
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			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)	Avsola Q5121				
	Avtozma Q5156				
	Azmiro J1072				
	Benlysta J0490				
	Beovu J0179				
	Beqvez J1414				
	Bildyos Q5162				
	Bkemp Q5152				
	Botulinum toxins				
	J0585 J0586 J0587 J0588				
	Brineura J0567				
	Briumvi J2329				
	Byooviz Q5124				
	Cerezyme J1786				
	Cimerli Q5128				
	Cimzia* J0717				
	Cinqair J2786				
	Conexence Q5158				
	Cosentyx J3247				
	Crysvita J0584				
	Cutaquig J1551				
	Daxxify J0589				

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Elaprase
		J1743
		Elelyso
		J3060
		Elevidys
		J1413
		Elfabrio
		J2508
		Encelto
		J3403
		Enjaymo
		J1302
		Entyvio
		J3380
		Epysqli
		Q5151
		Evenity
		J3111
		Evkeeza
		J1305
		Exondys 51
		J1428
		Eylea HD
		J0177
		Eylea
		J0178
		Fabrazyme
		J0180
		Fasenra
		J0517
		Fensolvi
		J1951
		Feraheme
		Q0138
		Fynetra
		Q5130
		Gamifant
		J9210
		Gazyva
		J9301
		Givlaari
		J0223

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization					
Injectable medications (cont.)	Glassia						
	J0257						
	Hemgenix						
	J1411						
	Hemlibra						
	J7170						
	Hypavzi						
	J7172						
	Ilaris						
	J0638						
	Ilumya						
	J3245						
	Imaavy						
	J9256						
	Imuldosa IV						
	Q5098						
	Inflectra						
	Q5103						
	Injectafer						
	J1439						
	Itvisma						
	J3405						
	IVIG						
	90283	90284	J1459	J1554	J1555	J1556	
	J1557	J1559					
	J1561	J1566	J1568	J1569			
	J1572	J1575	J1599	J1553			
	Izervay						
J2782							
Jubbonti							
Q5136							
Kanuma							
J2840							
Kisunla							
J0175							
Korsuva							
J0879							
Krystexxa							
J2507							
Lamzede							
J0217							
Lanreotide							
J1932							

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Lemtrada
		J0202
		Leqembi
		J0174
		Leqvio
		J1306
		Lucentis
		J2778
		Lumizyme
		J0221
		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	
	Otufi IV	
	Q9999	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Oxlumio J0224 Panzyga J1576 Papzimeos J3404 Parsabiv J0606 Pavblu 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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)	J7352 Selarsdi Q9998 Signifor LAR J2502 Simponi Aria J1602 Skyrizi J2327	Sodium hyaluronate J7320 J7325 J7331	J7321 J7326 J7332	J7322 J7327	J7324 J7329
	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				

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		A9607	A9615		
		Tofidence			
		Q5133			
		Tremfya IV			
		J1628			
		Triptodur			
		J3316			
		Tyenne			
		Q5135			
		Tzield			
		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			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
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Injectable medications (cont.)		Xenpozyme J0218
		Xolair J2357
		Yartemlea J1289
		Yesintek IV Q5100
		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 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	24360 J7330 27130 27138 27486 29868	24361 S2112 27132 27412 27487	24362 27120 27134 27446 29866	24363 27125 27137 27447 29867
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Musculoskeletal	Prior authorization required	Shoulder surgery 23470	23472	23473	23474
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Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
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Occupational/physical therapy	Prior authorization	97012 97024	97016 97026	97018 97028	97022 97032
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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	required after the initial evaluation and before the initial therapy visit, and is required for all on going therapy visits.	97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97139	97140
		97150	97530	97533	97535
		97537	97542	97545	97546
		97750	97755	97760	97761
		97799			
	Note: Only members 3 years of age and older require a prior auth.				
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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	
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	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	L1830	L1831
		L1832	L1834	L1836	L1840
		L1844	L1845	L1846	L1847
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	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	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		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	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6694	L6695	L6696	L6697
		L6704	L6707	L6708	L6709
		L6711	L6712	L6713	L6714
		L6715	L6880	L6881	L6882
		L6883	L6884	L6885	L6895
		L6900	L6905	L6910	L6915
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7405	L8040	L8042	L8043
		L8044	L8045	L8046	L8047
	L8499	L8609	L8610	L8612	
	L8631	L8659			
Potentially unproven services	Prior authorization required	33289	C2624		
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
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			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
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Radiation therapy (cont.)		<p>Hypofractionation:</p> <p>Bone Mets - ICD10: C79.51, C79.52</p> <p>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</p> <p>Prostate - ICD10: C61</p> <p>Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:</p> <p>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</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054.</p>
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Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans 	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>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.</p> <p>For more details and the CPT codes that require prior authorization, please visit Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program">UHCprovider.com/VAcommunityplan>Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program</p>
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Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal		30435	30450	30460	30462
		30465			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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deviation

Shoulder surgery	Prior authorization required	Musculoskeletal system			
		29823 29827	29824 29828	29825	29826

Sinuplasty	Prior authorization required	31295	31296	31297	31298
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Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
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Maxillomandibular advancement and 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	
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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

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Spinal surgery (cont.)		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
Stimulators	Prior authorization required	Bone-growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		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), 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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Transplants (cont.)		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 will require Prior Authorization through Optum Transplant.					
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37780	
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			