

Prior authorization requirements for Virginia Cardinal Care LTSS

Effective Jan. 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Virginia Long-Term Support Services (LTSS) health care professionals providing inpatient and outpatient services. Please submit your requests in f1 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 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			
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. For applied behavior analysis (ABA) therapy, submit via fax or Provider Express.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Brain injury case management	Prior authorization required	S0280	S0281		
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization required	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Biosimilar (Zarxio) Q5101*</p> <p>Eflapegrastim-xnst (Rolvedon)</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Cancer supportive care (cont.)	*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.	J1449			
		Filgrastim (Neupogen)			
		J1442*			
		Filgrastim-aafi (Nivestym)			
		Q5110*			
		Filgrastim-ayow (Releuko)			
		Q5125*			
		Pegfilgrastim-apgf (Nyvepria)			
		Q5122*			
		Pegfilgrastim (Neulasta)			
		J2506			
		Pegfilgrastim-bmez (Ziextenzo)			
		Q5120*			
		Pegfilgrastim-cbqv (Udenyca)			
		Q5111*			
Pegfilgrastim-jmdb (Fulphila)					
Q5108*					
Sargramostim (Leukine)					
J2820					
Tbo-filgrastim (Granix)					
J1447*					
<u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u>					
J0885 (Procrit)					
<u>Bone-modifying agent that requires prior authorization:</u>					
Denosumab (Xgeva)					
J0897					
<u>Antiemetic codes that require prior authorization</u>					
J1456					

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 is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 .			
		For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification .			

Cardiovascular	Prior authorization is required for lower extremities angiogram only.	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580*	

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

*Prior authorization is 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	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

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

Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization is required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726

Chemotherapy	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	<p>Injectable chemotherapy drugs that require prior authorization:</p> <p>Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot (J1950), leuprolide acetate (J1954), lanreotide (J1932)</p> <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
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Chemotherapy (cont.) 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	69714	69930	L8614
		L8619	L8690	L8691	L8692

Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226	A4239	A9276	A9277
		A9278	E0787	E2103	E2102

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	11971	14020*	14021*
		14040	14041	14060	14061*
		14301	15820	15821	15822
		15823	15830	15847	15877
		17106	17107	17108	17999
		21139	21172	21175	21179
		21180	21230	21235	21256
		21275	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		

*Effective May. 1, 2023 – Codes 14020, 14021 and 14061 do **not** require a prior authorization when billed with any of the following Dx codes.

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Cosmetic and reconstructive (cont.)		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 is 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 care section.	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	
E1004			E1005	E1006	E1007	
E1008			E1009	E1010	E1030	
E1035			E1036	E1130	E1161	
E1229			E1231	E1232	E1233	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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	Q0495	S1040
		T1999	T5999	V2786	V5269
		V5270	V5271	V5272	V5274
	V5281	V5282	V5283	V5286	
	V5287	V5288	V5290	E2298	
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002 E0791	B9004	B9006	B9998
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767 A9274 S1031	36514 66180 E0231 S2102	64722 A4638 E1831	65765 A6000 S1030
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	55970	55980		
		These surgical codes with the following Dx codes :			
		F64.0 F64.9	F64.1 Z87.890	F64.2	F64.8
		11980 15758	14000 15775	14001 15776	15757 15777

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		15780	15781	15782	15783
		15787	15788	15789	15792
		15793	15824	15825	15826
		15828	15829	15832	15833
		15834	15835	15836	15837
		15838	15839	15876	15878
		15879	17380	21083	21087
		21120	21122	21270	21899
		31599	31750	31899	45399
		45999	58999	64856	64892
		64896	69300	90785	96372
		21173			
	Genetic and molecular testing	Prior authorization required	81162	81163	81164
81229			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
81546			81595	81599	87505
87506			87507	0006M	0007M
0018U			0022U	0023U	0026U
0055U			0060U	0087U	0088U
0111U			0129U	0154U	0237U
0238U			0245U	0250U	0252U
0253U			0254U	0258U	0260U
0262U			0264U	0265U	0266U
0267U			0268U	0269U	0270U
0271U			0272U	0273U	0274U
0276U	0277U	0278U	0282U		
S3870	81120	81242	81251		
81336	81364				
Home health care	Prior authorization is required only in outpatient settings including the member's home.	G0299	G0300	G0493	G0494
		G0495	G0496	S9123	S9124
		S9474			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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			
		Aduhelm			
		J0172			
		Adzynma			
		J7171			
		Aldurazyme			
		J1931			
		Amondys 45			
		J1426			
		Amvuttra			
		J0225			
		Aralast NP, Prolastin-C, Zemaira			
		J0256			
		Apretude			
		J0739			
		Avsola			
		Q5121			
		Benlysta			
		J0490			
		Beovu			
		J0179			
		Beqvez			
		J1414			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura			
		J0567			
		Briumvi			
		J2329			
		Byooviz			
		Q5124			
		Cerezyme			
		J1786			
		Cimerli			
		Q5128			
		Cimzia*			
		J0717			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Cinqair
		J2786
		Cosentyx
		J3247
		Crysvita
		J0584
		Cutaquig
		J1551
		Daxxify
		J0589
		Elaprase
		J1743
		Elelyso
		J3060
		Elevidys
		J1413
		Elfabrio
		J2508
		Enjaymo
		J1302
		Entyvio
		J3380
		Evkeeza
		J1305
		Evenity
		J3111
		Exondys 51
		J1428
		Eylea HD
		J0177
	Eylea	
	J0178	
	Fabrazyme	
	J0180	
	Fasenra	
	J0517	
	Fensolvi	
	J1951	
	Feraheme	
	Q0138	
	Fylnetra	
	Q5130	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)	Gamifant			
	J9210			
	Glassia			
	J0257			
	Givlaari			
	J0223			
	Hemgenix			
	J1411			
	Ilaris			
	J0638			
	Ilumya			
	J3245			
	Inflectra			
	Q5103			
	Injectafer			
	J1439			
	IVIG			
	90283	90284	J1459	J1554
	J1555	J1556	J1557	J1559
	J1561	J1566	J1568	J1569
	J1572	J1575	J1599	
	Izervay			
	J2782			
	Kanuma			
	J2840			
	Kisunla			
	J0175			
	Korsuva			
	J0879			
	Krystexxa			
	J2507			
	Lamzedo			
J0217				
Lanreotide				
J1932				
Lemtrada				
J0202				
Leqembi*****				
J0174				
Leqvio				
J1306				
Lucentis				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J2778
	Lumizyme	J0221
	Luxturna	J3398
	Mepsevii	J3397
	Monoferric	J1437
	Naglazyme	J1458
	Nexviazyme	J0219
	Nplate	J2802
	Nucala	J2182
	Ocrevus	J2350
	OmvoH	J2267
	Onpattro	J0222
	Orencia	J0129
	Oxlumo	J0224
	Panzyga	J1576
	Parsabiv	J0606
	Pombiliti	J1203
	Prolia****	J0897
	Purified Cortrophin Gel	J0802
	Qalsody	J1304
	Radicava	J1301

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)	Reblozyl			
	J0896			
	Releuko			
	Q5125			
	Remicade			
	J1745			
	Renflexis			
	Q5104			
	Roctavian			
	J1412			
	Rolvedon			
	J1449			
	Ryplazim			
	J2998			
	Rystiggo			
	J9333			
	Saphnelo			
	J0491			
	Scenesse			
	J7352			
	Signifor LAR			
	J2502			
	Simponi Aria			
	J1602			
	Skyrizi			
	J2327			
	Sodium hyaluronate			
	J7320	J7321	J7322	J7324
	J7325	J7326	J7327	J7329
	J7331	J7332		
Soliris				
J1300				
Spevigo				
J1747				
Spinraza				
J2326				
Stimufend				
Q5127				
Susvimo				
J2779				
Syfovre				
J2781				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Synagis*				
	90378				
	Tepezza				
	J3241				
	Tezspire				
	J2356				
	Therapeutic radiopharmaceuticals***				
	A9513	A9590	A9696		A9699
	A9607	A9606			
	Tofidence*****				
	Q5133				
	Triptodur				
	J3316				
	Tyenne*****				
	Q5135				
	Tzield				
	J9381				
	Ultomiris				
	J1303				
	Unclassified codes*				
	J3490	J3590	C9399		C9172
	Uplizna				
	J1823				
	Vabysmo				
	J2777				
	Veopoz				
	J9376				
	Viltepso				
	J1427				
	Vimizim				
	J1322				
	Vyepti				
J3032					
Vyjuvek					
J3401					
Vyondys 53					
J1429					
Vyvgart					
J9332					
Vyvgart Hytrulo					
J9334					
White blood cell colony-stimulating factors**					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		Xembify			
		J1558			
		Xenpozyme			
		J0218			
		Xolair			
		J2357			
		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 & 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, Lantidra, Lupaneta Pack, Lyfgenia, Nulibry, Revcovi, Rivfloza, Leqembi and Veopoz.				
	* Effective Oct 1, 2024: code C9172, prior authorization is only required for Beqvez.				
	**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, submit online at 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.				
	*** Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .				
	****Effective Jan. 1, 2023: Prior authorization required for J0897 for non-oncology Dx.				
	*****Effective Oct 1, 2024: Prior authorization required for Q5133, and Q5135.				
	*****Effective Aug. 1, 2023: Prior authorization required for J0174.				
Joint replacement	Prior authorization required	24360	24361	24362	24363
Joint, total hip and knee replacement procedures		24370	24371	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Non-emergent air ambulance transport (cont.)		S9960	S9961		
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Orthognathic surgery	Prior authorization required	21121	21123	21125	21127	
		21141	21142	21143	21145	
		Treatment of maxillofacial/ jaw functional impairment	21146	21147	21150	21151
		21154	21155	21159	21160	
		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 is 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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Orthotics and prosthetics (cont.)		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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 S9125	T1002	T1003	T1030
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Radiation therapy	Prior authorization required	<p>Image-guided radiation therapy (IGRT) 77014 77387 G6001 G6002</p> <p>Proton beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525</p> <p>Intensity-modulated radiation therapy (IMRT) 77385 77386 G6015 G6016</p> <p>Special/associated services 77331 77370 77399 77470</p> <p>Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT) 77371 77372 77373 G0339 G0340</p> <p>Standard radiation therapy (2D/3D) Prior authorization 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 79445 G6017 S2095</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>			
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</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> <p>For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification.</p>			
Rhinoplasty and septoplasty	Prior authorization required	30400 30435	30410 30450	30420 30460	30430 30462

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Rhinoplasty and septoplasty (cont.)		30465			
Treatment of nasal functional impairment and septal deviation					
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Shoulder surgery	Prior authorization required – Site of service applies to all codes in this category	Musculoskeletal system			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	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	
Stimulators	Prior authorization required	Bone-growth stimulator			
		E0747	E0748	E0749	E0760

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Stimulators (cont.)		Neurostimulator			
Implantation of a device that sends electrical impulses		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 (idecaptogene cicleucel), Breyanzi (lisocabtagene maralucecl), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Yescarta (axicabtagene ciloleucel), please call the UnitedHealthcare Community Plan Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152	J3392	J3393	J9334
		CAR T-cell therapy			
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		
		Gene therapy			
		J3490***	J3590***	C9399***	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		*** Effective July. 1, 2024 For Unclassified codes J3490, J3590, and C9399, Amtagvi, Lenmeldy, Skysona, Tecelra, and Zynteglo 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	37765	37766

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			
		33927	33975	33976	33979
		33981	33982	33983	Q0507
		Q0508	Q0509		
Wound vac	Prior authorization required	E2402			

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