

# Prior Authorization Requirements for Virginia Cardinal Care LTSS

Effective November 1, 2023

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Virginia for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://uhcprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** Call 877-843-4366.

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, excluding emergent or urgent care.

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |   |   |                                  |
|---|--|---|---|---|----------------------------------|
| <b>Bariatric surgery</b><br>Inpatient and outpatient bariatric surgery and obesity-related services           | Prior authorization required   | 43644<br>43775<br>43847   | 43645<br>43842<br>43848                   | 43659<br>43845<br>43860                   | 43770<br>43846                   |
| <b>Behavioral health services</b>   | 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.<br><br>For ABA Therapy, submit via fax or Provider Express. |   |   |                                  |
| <b>Bone growth stimulator</b><br>Electronic stimulation or ultrasound to heal fractures                       | Prior authorization required   | 20975   | 20979                                     |   |                                  |
| <b>Brain injury case management</b>   | Prior authorization required   | S0280   | S0281                                     |   |                                  |
| <b>Breast reconstruction (non-mastectomy)</b><br>Reconstruction of the breast other than following mastectomy | Prior authorization required   | 19316<br>19330<br>19357<br>19368<br>19380   | 19318<br>19340<br>19361<br>19369<br>19396 | 19325<br>19342<br>19364<br>19370<br>L8600 | 19328<br>19350<br>19367<br>19371 |
| <b>Cancer supportive care</b>   | Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis | <p><b><u>Injectable Colony-Stimulating Factor Drugs That Require Prior Authorization:</u></b></p> <p><b>Bio similar (Zarxio®)</b><br/>Q5101*</p> <p><b>Eflapegrastim-xnst (Rolvedon®)</b></p>   |   |   |                                  |

| Procedures and Services               | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |
|---------------------------------------|---|--|
| <b>Cancer supportive care (cont.)</b> | *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology DX. See <a href="#">Injectable medications</a> section below.           | <p>J1449</p> <p><b>Filgrastim (Neupogen®)</b><br/>J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b><br/>Q5110*</p> <p><b>Filgrastim-ayow, (Releuko®)</b><br/>Q5125*</p> <p><b>Pegfilgrastim-apgf, (Nyvepria®)</b><br/>Q5122*</p> <p><b>Pegfilgrastim (Neulasta®)</b><br/>J2506</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b><br/>Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b><br/>Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b><br/>Q5108*</p> <p><b>Sargramostim (Leukine®)</b><br/>J2820</p> <p><b>Tbo-filgrastim (Granix®)</b><br/>J1447*</p> <p><b><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u></b><br/>J0885 (Procrit®)</p> <p><b><u>Bone-Modifying Agent That Requires Prior Authorization:</u></b><br/><b>Denosumab (Xgeva®)</b><br/>J0897</p> <p><b><u>Antiemetic codes That Require Prior Authorization</u></b><br/>J1456</p> <p>Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p> |
| <b>Cardiology</b>                     | Prior authorization is 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 UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com">UHCprovider.com</a>/VAcommunityplan &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</p>  |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

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

\*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   |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|                               |  |          |          |          |          |
|-------------------------------|--|----------|----------|----------|----------|
| <b>Cardiovascular (cont.)</b> |  | I74.5    | I74.8    | I74.9    | I75.021  |
|                               |  | I75.022  | I75.023  | I75.029  | I75.89   |
|                               |  | T82.818A | T82.868A | S81.801A | S81.802A |
|                               |  | S81.809A | S91.301A | S91.302A | S91.309A |
|                               |  | M86.051  | M86.052  | M86.059  | M86.061  |
|                               |  | M86.062  | M86.069  | M86.071  | M86.072  |
|                               |  | M86.079  | M86.08   | M86.09   | M86.1    |
|                               |  | M86.10   | M86.151  | M86.152  | M86.159  |
|                               |  | M86.161  | M86.162  | M86.169  | M86.171  |
|                               |  | M86.172  | M86.179  | M86.18   | M86.19   |
|                               |  | M86.20   | M86.251  | M86.252  | M86.259  |
|                               |  | M86.261  | M86.262  | M86.269  | M86.271  |
|                               |  | M86.272  | M86.279  | M86.28   | M86.29   |
|                               |  | M86.30   | M86.351  | M86.352  | M86.359  |
|                               |  | M86.361  | M86.362  | M86.369  | M86.371  |
|                               |  | M86.372  | M86.379  | M86.38   | M86.39   |
|                               |  | M86.40   | M86.451  | M86.452  | M86.459  |
|                               |  | M86.461  | M86.462  | M86.469  | M86.471  |
|                               |  | M86.472  | M86.479  | M86.48   | M86.49   |
|                               |  | M86.50   | M86.551  | M86.552  | M86.559  |
|                               |  | M86.561  | M86.562  | M86.571  | M86.572  |
|                               |  | M86.579  | M86.58   | M86.59   | M86.60   |
|                               |  | M86.651  | M86.652  | M86.659  | M86.661  |
|                               |  | M86.662  | M86.669  | M86.671  | M86.672  |
|                               |  | M86.679  | M86.68   | M86.69   | M86.8X0  |
|                               |  | M86.8X5  | M86.8X6  | M86.8X7  | M86.8X8  |
|                               |  | M86.8X9  | M86.9    | I96      | L03.115  |
|                               |  | L03.116  | Q27.30   | Q27.32   | Q27.39   |
|                               |  | Q27.8    | Q27.9    | Q87.2    | S35.511A |
|                               |  | S35.512A | T82.312A | T82.318A | T82.319A |
|                               |  | T82.338A | T82.392A | T82.398A | T82.399A |
|                               |  | T82.898A | I73.00   | I73.01   | I73.1    |
|                               |  | I73.81   |          |          |          |

|   |  |       |       |       |       |
|---|--|-------|-------|-------|-------|
| <b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b> | 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 |

|                     |  |  |
|---------------------|--|--|
| <b>Chemotherapy</b> | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and | <b>Injectable chemotherapy drugs that require prior authorization:</b><br>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide Acetate (J1954), Lanreotide (J1932) |
|                     |  | <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs that have a Q code</li> </ul>   |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|                             |                                    |   |  |  |  |
|-----------------------------|------------------------------------|---|--|--|--|
| <b>Chemotherapy (cont.)</b> | intrathecal for a cancer diagnosis | <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b> . |  |  |  |
|-----------------------------|------------------------------------|---|--|--|--|

|   |                              |       |       |       |       |
|---|------------------------------|-------|-------|-------|-------|
| <b>Cochlear implants and other auditory implants</b><br>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 |

|                                   |   |       |       |       |       |
|-----------------------------------|---|-------|-------|-------|-------|
| <b>Continuous glucose monitor</b> | Prior authorization required with Type 2 Diabetes Diagnosis | A4226 | A4239 | A9276 | A9277 |
|                                   |   | A9278 | E0787 | E2103 | E2102 |
|                                   |   | A4238 |       |       |       |

|  |                              |       |       |        |        |
|--|------------------------------|-------|-------|--------|--------|
| <b>Cosmetic and reconstructive</b><br>Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function<br><br>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 5/1/23 – Codes 14020, 14021 and 14061 do NOT require a prior auth when billed with a DX code below.

|          |          |          |          |
|----------|----------|----------|----------|
| C43.0    | C43.10   | C43.111  | C43.112  |
| C43.121  | C43.122  | C43.20   | C43.21   |
| C43.22   | C43.30   | C43.31   | C43.39   |
| C43.4    | C43.51   | C43.52   | C43.59   |
| C43.60   | C43.61   | C43.62   | C43.70   |
| C43.71   | C43.72   | C43.8    | C43.9    |
| C44.01   | C44.02   | C44.09   | C44.101  |
| 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 |



| Procedures and Services   | Additional Information                 | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |          |          |          |
|---|--|--|----------|----------|----------|
| <b>Cosmetic and reconstructive (cont.)</b>  |  | C44.1322   | C44.1391 | C44.1392 | C44.191  |
|   |  | C44.1921   | C44.1922 | C44.1991 | C44.1992 |
|   |  | C44.201  | C44.202  | C44.209  | C44.211  |
|   |  | C44.212  | C44.219  | C44.221  | C44.222  |
|   |  | C44.229  | C44.291  | C44.292  | C44.299  |
|   |  | C44.300  | C44.301  | C44.309  | C44.310  |
|   |  | C44.311  | C44.319  | C44.320  | C44.321  |
|   |  | C44.329  | C44.390  | C44.391  | C44.399  |
|   |  | C44.40   | C44.41   | C44.42   | C44.49   |
|   |  | C44.500  | C44.501  | C44.509  | C44.510  |
|   |  | C44.511  | C44.519  | C44.520  | C44.521  |
|   |  | C44.529  | C44.590  | C44.591  | C44.599  |
|   |  | C44.601  | C44.602  | C44.609  | C44.611  |
|   |  | C44.612  | C44.619  | C44.621  | C44.622  |
|   |  | C44.629  | C44.691  | C44.692  | C44.699  |
|   |  | C44.701  | C44.702  | C44.709  | C44.711  |
|   |  | C44.712  | C44.719  | C44.721  | C44.722  |
|   |  | C44.729  | C44.791  | C44.792  | C44.799  |
|   |  | C44.80   | C44.81   | C44.82   | C44.89   |
|   |  | C44.90   | C44.91   | C44.92   | C44.99   |
|   |  | C46.0  | C4A.0    | C4A.10   | C4A.111  |
|   |  | C4A.112  | C4A.121  | C4A.122  | C4A.20   |
|   |  | C4A.21   | C4A.22   | C4A.30   | C4A.31   |
|   |  | C4A.39   | C4A.4    | C4A.51   | C4A.51   |
|   |  | C4A.52   | C4A.52   | C4A.59   | C4A.60   |
|   |  | C4A.61   | C4A.62   | C4A.70   | C4A.71   |
|   |  | C4A.72   | C4A.8    | C4A.9    | C79.2    |
|   |  | D03.51   | D03.52   | D04.0    | D04.10   |
|   |  | D04.111  | D04.112  | D04.121  | D04.122  |
|   |  | D04.20   | D04.21   | D04.22   | D04.30   |
|   |  | D04.39   | D04.4    | D04.5    | D04.60   |
|   |  | D04.61   | D04.62   | D04.70   | D04.71   |
|   |  | D04.72   | D04.8    | D04.9    |          |
|   | <b>Durable Medical Equipment (DME)</b> | Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. | A9279    | A9280    | A9900    |
| E0265   |  |  | E0266    | E0270    | E0277    |
| E0300   |  |  | E0328    | E0329    | E0445    |
| E0457   |  |  | E0465    | E0466    | E0470    |
| E0471   |  |  | E0483    | E0486    | E0620    |
| Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold – see |  | E0636  | E0637    | E0652    | E0656    |
|   |  | E0669  | E0670    | E0675    | E0693    |
|   |  | E0694  | E0700    | E0710    | E0745    |
|   |  | E0762  | E0764    | E0766    | E0784    |
|   |  | E0984  | E0986    | E1002    | E1003    |
| E1004   | E1005                                  | E1006  | E1007    |          |          |

| Procedures and Services  | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization    |                                  |                         |                         |
|--|------------------------------|---|----------------------------------|-------------------------|-------------------------|
| <b>Durable Medical Equipment (DME) (cont.)</b>   | <i>Home health care.</i>     | E1008   | E1009                            | E1010                   | E1030                   |
|  |                              | E1035   | E1036                            | E1130                   | E1161                   |
|  |                              | E1229   | E1231                            | E1232                   | E1233                   |
|  |                              | E1234   | E1235                            | E1236                   | E1237                   |
|  |                              | E1238   | E1239                            | E1825                   | E2100                   |
|  |                              | E2227   | E2228                            | E2230                   | E2300                   |
|  |                              | 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                            |                         |                         |
| <b>Enteral services</b><br>In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B9002<br>E0791  | B9004                            | B9006                   | B9998                   |
| <b>Experimental and investigational (and/or linked services)</b>                                     | Prior authorization required | 33477<br>65767<br>A9274<br>S1031                                | 36514<br>66180<br>E0231<br>S2102 | 64722<br>A4638<br>E1831 | 65765<br>A6000<br>S1030 |
| <b>Femoroacetabular impingement syndrome (FAI)</b>   | Prior authorization required | 29914   | 29915                            | 29916                   |                         |
| <b>Functional endoscopic sinus surgery (FESS)</b>  | Prior authorization required | 31240<br>31256<br>31276   | 31253<br>31257<br>31287          | 31254<br>31259<br>31288 | 31255<br>31267          |
| <b>Gender dysphoria treatment</b>  | Prior authorization required | 55970   | 55980                            |                         |                         |
|  |                              | These <b>surgical codes</b> with the following <b>DX codes:</b> |                                  |                         |                         |
|  |                              | F64.0<br>F64.9  | F64.1<br>Z87.890                 | F64.2                   | F64.8                   |

| Procedures and Services                   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Gender dysphoria treatment (cont.)</b> |  | 11980  | 14000 | 14001 | 15757 |
|   |  | 15758  | 15775 | 15776 | 15777 |
|   |  | 15780  | 15781 | 15782 | 15783 |
|   |  | 15787  | 15788 | 15789 | 15792 |
|   |  | 15793  | 15819 | 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  |       |       |       |
| <b>Genetic and molecular testing</b>      | Prior authorization required   | 81162  | 81163 | 81164 | 81228 |
|   |  | 81229  | 81400 | 81401 | 81402 |
|   |  | 81403  | 81404 | 81405 | 81406 |
|   |  | 81407  | 81408 | 81410 | 81411 |
|   |  | 81412  | 81413 | 81414 | 81415 |
|   |  | 81416  | 81417 | 81420 | 81431 |
|   |  | 81432  | 81433 | 81435 | 81436 |
|   |  | 81437  | 81438 | 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                                     |  |  |       |       |       |
| <b>Home health care</b>                   | Prior authorization is required only in outpatient settings, to include member's home. | G0299  | G0300 | G0493 | G0494 |
|   |  | G0495  | G0496 | S9123 | S9124 |
|   |  | S9474  |       |       |       |
| <b>Hysterectomy</b>                       | Prior authorization required   | 58150  | 58152 | 58180 | 58260 |
|   |  | 58262  | 58263 | 58267 | 58270 |
|   |  | 58275  | 58290 | 58291 | 58292 |



| Procedures and Services | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |  |
|-------------------------|--|--|-------|-------|-------|--|
| Hysterectomy (cont.)    |  | 58542  | 58543 | 58544 | 58550 |  |
|                         |  | 58552  | 58553 | 58570 | 58571 |  |
|                         |  | 58572  | 58573 |       |       |  |
| Injectable medications  | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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 888-397-8129. | <b>Actemra®</b>  |       |       |       |  |
|                         |  | J3262  |       |       |       |  |
|                         |  | <b>Acthar®</b>   |       |       |       |  |
|                         |  | J0801  |       |       |       |  |
|                         |  | <b>Adakveo®</b>  |       |       |       |  |
|                         |  | J0791  |       |       |       |  |
|                         |  | <b>Aldurazyme®</b>   |       |       |       |  |
|                         |  | J1931  |       |       |       |  |
|                         |  | <b>Amondys 45</b>  |       |       |       |  |
|                         |  | J1426  |       |       |       |  |
|                         |  | <b>Amvuttra™</b>   |       |       |       |  |
|                         |  | J0225  |       |       |       |  |
|                         |  | <b>Aralast NP, Prolastin – C, Zemaïra</b>                    |       |       |       |  |
|                         |  | J0256  |       |       |       |  |
|                         |  | <b>Apretude</b>  |       |       |       |  |
|                         |  | J0739  |       |       |       |  |
|                         |  | <b>Avsola™</b>   |       |       |       |  |
|                         |  | Q5121  |       |       |       |  |
|                         |  | <b>Benlysta</b>  |       |       |       |  |
|                         |  | J0490  |       |       |       |  |
|                         |  | <b>Beovu®</b>  |       |       |       |  |
|                         |  | J0179  |       |       |       |  |
|                         |  | <b>Botulinum toxins</b>                                      |       |       |       |  |
|                         |  | J0585  | J0586 | J0587 | J0588 |  |
|                         |  | <b>Brineura™</b>   |       |       |       |  |
|                         |  | J0567  |       |       |       |  |
|                         |  | <b>Briumvi®</b>  |       |       |       |  |
| J2329                   |  |  |       |       |       |  |
| <b>Byooviz™</b>         |  |  |       |       |       |  |
| Q5124                   |  |  |       |       |       |  |
| <b>Cabenuva</b>         |  |  |       |       |       |  |
| J0741                   |  |  |       |       |       |  |
| <b>Cerezyme®</b>        |  |  |       |       |       |  |
| J1786                   |  |  |       |       |       |  |
| <b>Cimerli™</b>         |  |  |       |       |       |  |
| Q5128                   |  |  |       |       |       |  |
| <b>Cimzia®*</b>         |  |  |       |       |       |  |
| J0717                   |  |  |       |       |       |  |
| <b>Cinqair®</b>         |  |  |       |       |       |  |

| Procedures and Services        | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |
|--------------------------------|------------------------|---|
| Injectable medications (cont.) |                        | J2786<br><b>Crysvita®</b><br>J0584<br><b>Cutaquig®</b><br>J1551<br><b>Elaprase®</b><br>J1743<br><b>Elelyso®</b><br>J3060<br><b>Enjaymo™</b><br>J1302<br><b>Entyvio®</b><br>J3380<br><b>Evkeeza</b><br>J1305<br><b>Evenity™</b><br>J3111<br><b>Exondys 51™</b><br>J1428<br><b>Eylea®</b><br>J0178<br><b>Fabrazyme®</b><br>J0180<br><b>Fasenra™</b><br>J0517<br><b>Fensolvi®</b><br>J1951<br><b>Feraheme®</b><br>Q0138<br><b>Fylnetra®</b><br>Q5130<br><b>Gamifant®</b><br>J9210<br><b>Glassia®</b><br>J0257<br><b>Givlaari®</b><br>J0223<br><b>Hemgenix®</b><br>J1411<br><b>Ilaris®</b><br>J0638<br><b>Ilumya™</b> |

| Procedures and Services        | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |  |       |
|--------------------------------|------------------------|--|-------|--|-------|
| Injectable medications (cont.) |                        | J3245  |       |  |       |
|                                | <b>Inflectra®</b>      |  |       |  |       |
|                                | Q5103                  |  |       |  |       |
|                                | <b>Injectafer®</b>     |  |       |  |       |
|                                | J1439                  |  |       |  |       |
|                                | <b>IVIG</b>            |  |       |  |       |
|                                | 90283                  | 90284  | J1459 |  | J1554 |
|                                | J1555                  | J1556  | J1557 |  | J1559 |
|                                | J1561                  | J1566  | J1568 |  | J1569 |
|                                | J1572                  | J1575  | J1599 |  |       |
|                                | <b>Kanuma®</b>         |  |       |  |       |
|                                | J2840                  |  |       |  |       |
|                                | <b>Korsuva®</b>        |  |       |  |       |
|                                | J0879                  |  |       |  |       |
|                                | <b>Krystexxa®</b>      |  |       |  |       |
|                                | J2507                  |  |       |  |       |
|                                | <b>Lanreotide</b>      |  |       |  |       |
|                                | J1932                  |  |       |  |       |
|                                | <b>Lemtrada®</b>       |  |       |  |       |
|                                | J0202                  |  |       |  |       |
|                                | <b>Leqembi®*****</b>   |  |       |  |       |
|                                | J0174                  |  |       |  |       |
|                                | <b>Leqvio®</b>         |  |       |  |       |
|                                | J1306                  |  |       |  |       |
|                                | <b>Lucentis®</b>       |  |       |  |       |
|                                | J2778                  |  |       |  |       |
|                                | <b>Lumizyme®</b>       |  |       |  |       |
|                                | J0221                  |  |       |  |       |
|                                | <b>Luxturna™</b>       |  |       |  |       |
|                                | J3398                  |  |       |  |       |
| <b>Makena®</b>                 |                        |  |       |  |       |
| J1726                          | J1729                  | J2675  |       |  |       |
| <b>Mepsevii®</b>               |                        |  |       |  |       |
| J3397                          |                        |  |       |  |       |
| <b>Monoferric®</b>             |                        |  |       |  |       |
| J1437                          |                        |  |       |  |       |
| <b>Naglazyme®</b>              |                        |  |       |  |       |
| J1458                          |                        |  |       |  |       |
| <b>Nexviazyme®</b>             |                        |  |       |  |       |
| J0219                          |                        |  |       |  |       |
| <b>Nplate®</b>                 |                        |  |       |  |       |
| J2796                          |                        |  |       |  |       |

| Procedures and Services        | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|--------------------------------|------------------------|--|
| Injectable medications (cont.) |                        | <b>Nucala®</b>   |
|                                |                        | J2182  |
|                                |                        | <b>Ocrevus™</b>  |
|                                |                        | J2350  |
|                                |                        | <b>Onpattro™</b>   |
|                                |                        | J0222  |
|                                |                        | <b>Orencia®</b>  |
|                                |                        | J0129  |
|                                |                        | <b>Oxlumo™</b>   |
|                                |                        | J0224  |
|                                |                        | <b>Panzyga®</b>  |
|                                |                        | J1576  |
|                                |                        | <b>Parsabiv™</b>   |
|                                |                        | J0606  |
|                                |                        | <b>Probuphine®</b>   |
|                                |                        | J0570  |
|                                |                        | <b>Prolia®****</b>   |
|                                |                        | J0897  |
|                                |                        | <b>Purified Cortrophin® Gel</b>                              |
|                                |                        | J0802  |
|                                |                        | <b>Qalsody™</b>  |
|                                |                        | C9157  |
|                                |                        | <b>Radicava®</b>   |
|                                |                        | J1301  |
|                                |                        | <b>Reblozyl®</b>   |
|                                |                        | J0896  |
|                                |                        | <b>Releuko®</b>  |
|                                |                        | Q5125  |
|                                |                        | <b>Remicade®</b>   |
|                                |                        | J1745  |
|                                | <b>Renflexis®</b>      |  |
|                                | Q5104                  |  |
|                                | <b>Rolvedon™</b>       |  |
|                                | J1449                  |  |
|                                | <b>Ryplazim®</b>       |  |
|                                | J2998                  |  |
|                                | <b>Saphnelo®</b>       |  |
|                                | J0491                  |  |
|                                | <b>Scenesse®</b>       |  |
|                                | J7352                  |  |
|                                | <b>Signifor® LAR</b>   |  |
|                                | J2502                  |  |

| Procedures and Services        | Additional Information                     | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |  |
|--------------------------------|--|--|-------|-------|--|
| Injectable medications (cont.) | <b>Simponi Aria®</b>                       |  |       |       |  |
|                                | J1602                                      |  |       |       |  |
|                                | <b>Skyrizi®</b>                            |  |       |       |  |
|                                | J2327                                      |  |       |       |  |
|                                | <b>Sodium Hyaluronate</b>                  |  |       |       |  |
|                                | J7320                                      | J7321  | J7322 | J7324 |  |
|                                | J7325                                      | J7326  | J7327 | J7329 |  |
|                                | J7331                                      | J7332  |       |       |  |
|                                | <b>Soliris®</b>                            |  |       |       |  |
|                                | J1300                                      |  |       |       |  |
|                                | <b>Spevigo®</b>                            |  |       |       |  |
|                                | J1747                                      |  |       |       |  |
|                                | <b>Spinraza™</b>                           |  |       |       |  |
|                                | J2326                                      |  |       |       |  |
|                                | <b>Spravato®</b>                           |  |       |       |  |
|                                | S0013                                      |  |       |       |  |
|                                | <b>Stimufend®</b>                          |  |       |       |  |
|                                | Q5127                                      |  |       |       |  |
|                                | <b>Sunlenca®</b>                           |  |       |       |  |
|                                | J1961                                      |  |       |       |  |
|                                | <b>Susvimo™</b>                            |  |       |       |  |
|                                | J2779                                      |  |       |       |  |
|                                | <b>Syfovre®</b>                            |  |       |       |  |
|                                | J2781                                      |  |       |       |  |
|                                | <b>Synagis®*</b>                           |  |       |       |  |
|                                | 90378                                      |  |       |       |  |
|                                | <b>Tepezza®</b>                            |  |       |       |  |
|                                | J3241                                      |  |       |       |  |
|                                | <b>Tezspire™</b>                           |  |       |       |  |
|                                | J2356                                      |  |       |       |  |
|                                | <b>Therapeutic Radiopharmaceuticals***</b> |  |       |       |  |
|                                | A9513                                      | A9590  | A9696 | A9699 |  |
|                                | A9607                                      |  |       |       |  |
| <b>Triptodur®</b>              |  |  |       |       |  |
| J3316                          |  |  |       |       |  |
| <b>Trogarzo™</b>               |  |  |       |       |  |
| J1746                          |  |  |       |       |  |
| <b>Tzield</b>                  |  |  |       |       |  |
| J9381                          |  |  |       |       |  |
| <b>Ultomiris™</b>              |  |  |       |       |  |
| J1303                          |  |  |       |       |  |
| <b>Unclassified codes*</b>     |  |  |       |       |  |

| Procedures and Services   | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|------------------------|--|-------|-------|-------|
| Injectable medications (cont.)  |                        | C9399  | J3490 | J3590 | C9149 |
|   |                        | <b>Gene therapy (Vyjuvek)</b>                                |       |       |       |
|   |                        | J3490  | J3590 | C9399 |       |
|   |                        | <b>Uplizna®</b>  |       |       |       |
|   |                        | J1823  |       |       |       |
|   |                        | <b>Vabysmo®</b>  |       |       |       |
|   |                        | J2777  |       |       |       |
|   |                        | <b>Viltepso™</b>   |       |       |       |
|   |                        | J1427  |       |       |       |
|   |                        | <b>Vimizim®</b>  |       |       |       |
|   |                        | J1322  |       |       |       |
|   |                        | <b>Vyepti™</b>   |       |       |       |
|   |                        | J3032  |       |       |       |
|   |                        | <b>Vyondys 53®</b>   |       |       |       |
|   |                        | J1429  |       |       |       |
|   |                        | <b>Vyvgart</b>   |       |       |       |
|   |                        | J9332  |       |       |       |
|   |                        | <b>White blood cell colony-stimulating factors**</b>         |       |       |       |
|   |                        | J1442  | J1447 | J2506 | Q5101 |
|   |                        | Q5108  | Q5110 | Q5111 | Q5120 |
|   |                        | Q5122  |       |       |       |
|   |                        | <b>Xembify®</b>  |       |       |       |
|   |                        | J1558  |       |       |       |
|   | <b>Xenpozyme®</b>      |  |       |       |       |
|   | J0218                  |  |       |       |       |
|   | <b>Xolair®</b>         |  |       |       |       |
|   | J2357                  |  |       |       |       |
|   | <b>Zolgensma®</b>      |  |       |       |       |
|   | J3399                  |  |       |       |       |
| <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>.</p> |                        |  |       |       |       |
| <p>Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available</p>   |                        |  |       |       |       |
| <p>at <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p>                              |                        |  |       |       |       |
| <p>Please obtain prior notification for Cimzia, and Synagis through OptumRx prior notifications services at</p>   |                        |  |       |       |       |
| <p><b>800-310-6826.</b></p>   |                        |  |       |       |       |
| <p>* For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Elfabrio, Elevidys, Lamzede, Lupaneta Pack™, Nulibry, Revcovi, and Leqembi.</p>  |                        |  |       |       |       |

| Procedures and Services                              | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|--|--|--|-------|-------|-------|
| <b>Injectable medications (cont.)</b>                |  | <p>**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.</p> <p>For oncology DX please see Cancer Supportive Care section above. For non-oncology DX submit online at <a href="https://UHCProvider.com">UHCProvider.com</a>&gt;link&gt;Prior Authorization and Notification tool on your link dashboard or call 877-842-3210</p> <p>***Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p> <p>****Effective 1/1/23 Prior authorization required for J0897 for non oncology DX.</p> <p>***** Effective Aug 1, 2023: Prior authorization required for J0174</p> |       |       |       |
| <b>Joint replacement</b>                             | 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 |       |
| <b>Musculoskeletal</b>                               | Prior authorization required   | <b>Shoulder surgery</b>  |       |       |       |
|  |  | 23470  | 23472 | 23473 | 23474 |
| <b>Non-emergent air ambulance transport</b>          | Prior authorization required   | A0430  | A0431 | A0435 | A0436 |
|  |  | S9960  | S9961 |       |       |
| <b>Orthognathic surgery</b>                          | 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 |
|  |  | 21193  | 21194 | 21195 | 21196 |
|  |  | 21198  | 21199 | 21206 | 21208 |
|  |  | 21209  | 21210 | 21215 | 21240 |
|  |  | 21242  | 21244 | 21245 | 21246 |
|  |  | 21247  | 21248 | 21249 | 21255 |
|  |  | 21296  | 21299 |       |       |
| <b>Orthotics and prosthetics</b>                     | Prior authorization 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |  |  |  |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

|                                   |       |       |       |       |       |
|-----------------------------------|-------|-------|-------|-------|-------|
| Orthotics and prosthetics (cont.) |       | 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 |
|                                   |       | 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 |       |



| Procedures and Services                  | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization                                 |       |       |       |
|--|------------------------------|--|-------|-------|-------|
| <b>Orthotics and prosthetics (cont.)</b> |                              | L6310  | L6320 | L6350 | L6360 |
|  |                              | L6370  | L6380 | L6382 | L6384 |
|  |                              | L6400  | L6450 | L6500 | L6550 |
|  |                              | L6570  | L6580 | L6582 | L6584 |
|  |                              | L6586  | L6588 | L6590 | L6621 |
|  |                              | L6623  | L6624 | L6646 | L6648 |
|  |                              | L6686  | L6687 | L6689 | L6690 |
|  |                              | L6692  | L6693 | L6694 | L6695 |
|  |                              | L6696  | L6697 | L6704 | L6707 |
|  |                              | L6708  | L6709 | L6711 | L6712 |
|  |                              | L6713  | L6714 | L6715 | L6880 |
|  |                              | L6881  | L6882 | L6883 | L6884 |
|  |                              | L6885  | L6895 | L6900 | L6905 |
|  |                              | L6910  | L6915 | L6920 | L6925 |
|  |                              | L6930  | L6935 | L6940 | L6945 |
|  |                              | L6950  | L6955 | L6960 | L6965 |
|  |                              | L6970  | L6975 | L7007 | L7008 |
|  |                              | L7009  | L7040 | L7045 | L7170 |
|  |                              | L7180  | L7181 | L7185 | L7186 |
|  |                              | L7190  | L7191 | L7405 | L8040 |
|  | L8042                        | L8043  | L8044 | L8045 |       |
|  | L8046                        | L8047  | L8499 | L8609 |       |
|  | L8610                        | L8612  | L8631 | L8659 |       |
| <b>Potentially unproven services</b>     | Prior authorization required | 33289  | C2624 |       |       |
| <b>Private duty nursing</b>              | Prior authorization required | T1000  | T1002 | T1003 |       |
| <b>Prostate procedures</b>               | Prior authorization required | 37243  | 52441 | 52442 | 53850 |
|  |                              | 53852  | 55866 | 55873 | 55874 |
| <b>Radiation therapy</b>                 | Prior authorization required | <b>IGRT</b>  |       |       |       |
|  |                              | 77014  | 77387 | G6001 | G6002 |
|  |                              | <b>Proton Beam</b>   |       |       |       |
|  |                              | Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) |       |       |       |
|  |                              | 77520  | 77522 | 77523 | 77525 |
|  |                              | <b>IMRT</b>  |       |       |       |
|  |                              | Intensity-Modulated Radiation Therapy  |       |       |       |
|  |                              | 77385  | 77386 | G6015 | G6016 |
|  |                              | <b>Special/Associated Services</b>   |       |       |       |
|  |                              | 77331  | 77370 | 77399 | 77470 |
| <b>SRS/SBRT</b>                          |                              |  |       |       |       |
| 77371                                    | 77372                        | 77373  | G0339 |       |       |
| G0340                                    |                              |  |       |       |       |
|  |                              | <b>Standard Radiation Therapy (2D/3D)</b>  |       |       |       |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Radiation therapy (cont.)</b>  |  | Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92<br>77401                      77402                      77407                      77412<br>G6003                      G6004                      G6005                      G6006<br>G6007                      G6008                      G6009                      G6010<br>G6011                      G6012                      G6013                      G6014   |       |       |       |
|   |  | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard or, call <b>866-889-8054</b> .   |       |       |       |
| <b>Radiology</b>  | Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:<br>Certain CT, MRI, MRA and PET scans<br>Nuclear medicine and nuclear cardiology procedures | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.<br><br>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>866-889-8054</b> .<br><br>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/VAcommunityplan">UHCprovider.com/VAcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. |       |       |       |
| <b>Rhinoplasty and septoplasty</b>  | Prior authorization required   | 30400  | 30410 | 30420 | 30430 |
|   |  | 30435  | 30450 | 30460 | 30462 |
| Treatment of nasal functional impairment and septal deviation   |  | 30465  |       |       |       |
| <b>Sinuplasty</b>   | Prior authorization required   | 31295  | 31296 | 31297 | 31298 |
| <b>Shoulder surgery</b>   | Prior authorization required<br>SOS applies to all codes in this category  | <b>Musculoskeletal System</b>  |       |       |       |
|   |  | 29805  | 29806 | 29807 | 29819 |
|   |  | 29820  | 29822 | 29823 | 29824 |
|   |  | 29825  | 29826 | 29827 | 29828 |
| <b>Sleep apnea procedures and surgeries</b>   | Prior authorization required   | 21685  | 41599 | 42145 |       |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea |  |  |       |       |       |
| <b>Spinal surgery</b>   | Prior authorization required   | 22100  | 22101 | 22102 | 22110 |
|   |  | 22112  | 22114 | 22206 | 22207 |
|   |  | 22210  | 22212 | 22214 | 22220 |
|   |  | 22224  | 22510 | 22511 | 22512 |
|   |  | 22513  | 22514 | 22515 | 22532 |
|   |  | 22533  | 22548 | 22551 | 22554 |
|   |  | 22556  | 22558 | 22586 | 22590 |

| Procedures and Services                                 | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |       |       |       |       |
|---|------------------------------|---|-------|-------|-------|-------|
| <b>Spinal surgery (cont.)</b>                           |                              | 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 |       |       |       |
| <b>Stimulators</b>                                      | Prior authorization required | <b>Bone-growth stimulator</b>   |       |       |       |       |
|   |                              | E0747   | E0748 | E0749 | E0760 |       |
|   |                              | <b>Neurostimulator</b>  |       |       |       |       |
| 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 |       |       |
| <b>Transplants</b>                                      | Prior authorization required | For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Carvykti (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> or the notification number on the back of the member's 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 |       |

| Procedures and Services   | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |          |          |       |
|---|------------------------------|---|----------|----------|-------|
| <b>Transplants (cont.)</b>  |                              | 47146   | 47147    | 48551    | 48552 |
|   |                              | 48554   | 50300    | 50320    | 50323 |
|   |                              | 50325   | 50340    | 50360    | 50365 |
|   |                              | 50370   | 50547    | S2060    | S2061 |
|   |                              | S2152   |          |          |       |
|   |                              | <b>CAR T-Cell Therapy</b>   |          |          |       |
|   |                              | 0537T   | 0538T    | 0539T    | 0540T |
|   |                              | Q2041   | Q2042    | Q2053    | Q2054 |
|   |                              | Q2055   | Q2056    |          |       |
|   |                              | <b>Gene therapy</b>   |          |          |       |
|   |                              | J3490***  | J3590*** | C9399*** |       |
|   |                              | *Code 38232 will only require prior authorization for an oncology diagnosis.<br>***Effective 1/1/23 For Unclassified codes J3490, J3590, and C9399, Skysona and Zytiglo will require Prior Authorization through Optum Transplant |          |          |       |
| <b>Vein procedures</b>  | 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 |
| <b>Ventricular assist devices (VAD)</b>   | 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 <b>855-282-8929</b> .                                      |          |          |       |
| A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow                                 |                              | 33927   | 33975    | 33976    | 33979 |
|   |                              | 33981   | 33982    | 33983    | Q0507 |
|   |                              | Q0508   | Q0509    |          |       |
| <b>Wound vac</b>  | Prior authorization required | E2402   |          |          |       |