Prior authorization requirements for Virginia Cardinal Care LTSS

Effective November 1, 2026

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 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **844-284-0146**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care 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.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Brain injury	Prior authorization required	S0281			
Breast reconstruction (non-mastectomy)	Prior authorization required	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371

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

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Cancer supportive care (cont.)		**Pegfilgrastim-cbqv (Udenyca)** Q5111* **Pegfilgrastim-jmdb (Fulphila)** Q5108* **Sargramostim (Leukine)** J2820 **Tbo-filgrastim (Granix)** J1447* **Injectable erythropoiesis-stimulating agents that require prior authorization:** J0885 (**Procrit**) **Bone-modifying agent that requires prior authorization:** **Denosumab (Xgeva)** J0897 **Antiemetic codes that require prior authorization** J1456 J1434 J2468 Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com to** sign in. Or, you can call **888-397-8129**.
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal Dashboard. Or call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/VAcommunityplan>Prior Authorization and Notification Resources>Cardiology Prior Authorization and Notification Program
Cardiovascular	Prior authorization required for lower extremities angiogram only.	37254 37256 37258 37260 37263 37265 37267 37269 37271 37273 37275 37277 37280 37282 37284 37286 37288 37290 37292 37294 37296 37298 93580

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Cardiovascular (cont.)		No prior authorization required for the following diagnosis codes:

E08.52	E09.52	E10.52	E11.52
E13.52	I70.221	I70.222	I70.223
I70.228	I70.229	I70.231	I70.232
I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549
I70.561	I70.562	I70.563	I70.568
I70.569	I70.621	I70.622	I70.623
I70.628	I70.629	I70.631	I70.632
I70.633	I70.634	I70.635	I70.638
I70.639	I70.641	I70.642	I70.643
I70.644	I70.645	I70.648	I70.649
I70.661	I70.662	I70.663	I70.668
I70.669	I70.721	I70.722	I70.723
I70.728	I70.729	I70.731	I70.732
I70.733	I70.734	I70.735	I70.738
I70.739	I70.741	I70.742	I70.743
I70.744	I70.745	I70.748	I70.749
I70.761	I70.762	I70.763	I70.768
I70.769	I72.3	I72.4	I72.8
I72.9	I73.00	I73.01	I73.1
I73.81	I74.3	I74.4	I74.5
I74.8	I74.9	I75.021	I75.022
I75.023	I75.029	I75.89	I77.2
I77.70	I77.72	I77.77	I77.79

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		I96	L03.115	L03.116	M86.051
		M86.052	M86.059	M86.061	M86.062
		M86.069	M86.071	M86.072	M86.079
		M86.08	M86.09	M86.1	M86.10
		M86.151	M86.152	M86.159	M86.161
		M86.162	M86.169	M86.171	M86.172
		M86.179	M86.18	M86.19	M86.20
		M86.251	M86.252	M86.259	M86.261
		M86.262	M86.269	M86.271	M86.272
		M86.279	M86.28	M86.29	M86.30
		M86.351	M86.352	M86.359	M86.361
		M86.362	M86.369	M86.371	M86.372
		M86.379	M86.38	M86.39	M86.40
		M86.451	M86.452	M86.459	M86.461
		M86.462	M86.469	M86.471	M86.472
		M86.479	M86.48	M86.49	M86.50
		M86.551	M86.552	M86.559	M86.561
		M86.562	M86.571	M86.572	M86.579
		M86.58	M86.59	M86.60	M86.651
		M86.652	M86.659	M86.661	M86.662
		M86.669	M86.671	M86.672	M86.679
		M86.68	M86.69	M86.8X0	M86.8X51
		M86.8X52	M86.8X59	M86.8X61	M86.8X62
		M86.8X69	M86.8X71	M86.8X72	M86.8X79
		M86.8X89	M86.8X9	M86.9	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	S35.511A	S35.512A	S81.801A
		S81.802A	S81.809A	S91.301A	S91.302A
		S91.309A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.818A	T82.868A	T82.898A	
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	**Injectable chemotherapy drugs that require prior authorization:** Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot (J1950), leuprolide acetate (J1954), lanreotide (J1932) J1299, J1323, J1326, J2277, J3055, J3263 • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**.			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cochlear implants and other auditory implants A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2103	A9277 E2102
		Prior authorization is required with the following Type 2 and gestational diabetes Dx codes:			
		E11.00	E11.01	E11.10	E11.11
		E11.21	E11.22	E11.29	E11.311
		E11.319	E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		
Cosmetic and reconstructive	Prior authorization required	11960 14040	11971 14041	14020 14060	14021 14061

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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		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		
		Prior authorization not required when billed with the following Dx codes below:			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		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

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cosmetic and reconstructive (cont.)		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than $500. Prosthetics are not DME – See orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold – See home health care section.	A9279	A9900	E0194	E0265
		E0266	E0270	E0277	E0300
		E0328	E0329	E0445	E0457
		E0465	E0466	E0470	E0471
		E0483	E0486	E0620	E0636
		E0637	E0652	E0656	E0669
		E0670	E0675	E0693	E0694
		E0745	E0762	E0764	E0766
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1825
		E2100	E2227	E2228	E2230
		E2298	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		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

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		K0877 K0884 K0891 T5999	K0878 K0885 Q0495 V2786	K0879 K0886 S1040	K0880 K0890 T1999
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	11980 15758 15780 15787 15793 15828 15834 15838 15879 21120 31599 45999 64896 21173	14000 15775 15781 15788 15824 15829 15835 15839 17380 21122 31750 58999 69300 55970*	14001 15776 15782 15789 15825 15832 15836 15876 21083 21270 31899 64856 90785 55980*	15757 15777 15783 15792 15826 15833 15837 15878 21087 21899 45399 64892 96372
		*These **surgical codes** with the following **Dx codes do require a prior auth:** F64.0 F64.9 Z87.8903	 F64.1 F64.A Z87.8904	 F64.2 Z87.8901 Z87.8909	 F64.8 Z87.8902 Z87.893
Genetic and molecular testing	Prior authorization required	81162 81229 81403 81407 81412	81163 81400 81404 81408 81413	81164 81401 81405 81410 81414	81228 81402 81406 81411 81415

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		81416 81435 81445 81479 81521 81595 0018U 0087U 0238U 0267U 0273U 0480U 0485U 0500U 0506U 0529U 0539U 0552U 0571U	81417 81437 81448 81518 81522 81599 0022U 0088U 0245U 0268U 0274U 0481U 0487U 0502U 0508U 0530U 0540U 0554U S3870	81431 81439 81460 81519 81546 87505 0023U 0129U 0250U 0271U 0276U 0483U 0493U 0504U 0509U 0536U 0543U 0562U	81432 81440 81465 81520 81558 87506 0026U 0237U 0265U 0272U 0478U 0484U 0499U 0505U 0523U 0538U 0544U 0567U
Home health care	Prior authorization required only in outpatient settings including the member's home.	G0299 G0495 S9474	G0300 G0496	G0493 S9123	G0494 S9124
Hysterectomy	Prior authorization required	58150 58262 58290 58543 58553 58573	58152 58263 58291 58544 58570	58180 58267 58292 58550 58571	58260 58270 58542 58552 58572
Injectable medications	Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**.	**Actemra** J3262 **Acthar** J0801 **Adakveo** J0791 **Adzynma** J7171 **Aldurazyme** J1931 **Alyglo** J1552 **Amondys 45**			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J1426 **Amvuttra** J0225 **Aralast NP, Prolastin-C, Zemaira** J0256 **Apretude** J0739 **Avlayah** J1757 **Avsola** Q5121 **Avtozma** Q5156 **Azmiro** J1072 **Benlysta** J0490 **Beovu** J0179 **Beqvez** J1414 **Bildyos** Q5162 **Bkemv** Q5152 **Bosaya** Q5161 **Botulinum toxins** J0585 J0586 J0587 J0588 **Brineura** J0567 **Briumvi** J2329 **Byooviz** Q5124 **Cerezyme** J1786 **Cimerli** Q5128 **Cimzia*** J0717 **Cinqair**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J2786 **Conexxence** Q5158 **Cosentyx** J3247 **Crysvita** J0584 **Cutaquig** J1551 **Daxxify** J0589 **Elaprase** J1743 **Elelyso** J3060 **Elevidys** J1413 **Elfabrio** J2508 **Encelto** J3403 **Enjaymo** J1302 **Entyvio** J3380 **Epysqli** Q5151 **Evkeeza** J1305 **Evenity** J3111 **Exdensur** J2361 **Exondys 51** J1428 **Eylea HD** J0177 **Eylea** J0178 **Fabrazyme** J0180 **Fasenra**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J0517 **Fensolvi** J1951 **Feraheme** Q0138 **Fylnetra** Q5130 **Gamifant** J9210 **Gazyva** J9301 **Glassia** J0257 **Givlaari** J0223 **Hemgenix** J1411 **Hemlibra** J7170 **Hyalgan, Supartz, Visco-3** J7321 **Hymovis, Hymovis One** J7322 **Hympavzi** J7172 **Ilaris** J0638 **Ilumya** J3245 **Imaavy** J9256 **Imuldosa IV** Q5098 **Inflectra** Q5103 **Injectafer** J1439 **Itvisma** J3405 **IVIG** 90283 90284 J1459 J1554 J1555 J1556 J1557 J1559

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	J1553
		J1577			
		Izervay			
		J2782			
		Jubbonti			
		Q5136			
		Kanuma			
		J2840			
		Kisunla			
		J0175			
		Korsuva			
		J0879			
		Krystexxa			
		J2507			
		Lamzede			
		J0217			
		Lanreotide			
		J1932			
		Lemtrada			
		J0202			
		Leqembi			
		J0174			
		Leqvio			
		J1306			
		Loargys			
		J1818			
		Lucentis			
		J2778			
		Lumizyme			
		J0221			
		Luxturna			
		J3398			
		Mepsevii			
		J3397			
		Monoferric			
		J1437			
		Naglazyme			
		J1458			
		Nexviazyme			
		J0219			
		Niktimvo			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J9038 **Nplate** J2802 **Nucala** J2182 **Nulibry** J1809 **Nypozi** Q5148 **Ocrevus** J2350 **Ocrevus Zunovo** J2351 **Omvoh** J2267 **Onpattro** J0222 **Orencia** J0129 **Ospomyv** Q5159 **Otulfi IV** Q9999 **Oxlumo** J0224 **Panzyga** J1576 **Papzimeos** J3404 **Parsabiv** J0606 **Pavblu** Q5147 **Piasky** J1307 **Pombiliti** J1203 **Prolia** J0897 **Pyzchiva IV** Q9997 **Purified Cortrophin Gel**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J0802 **Qalsody** J1304 **Qfitlia** J7174 **Radicava** J1301 **Reblozyl** J0896 **Releuko** Q5125 **Remicade** J1745 **Renflexis** Q5104 **Roctavian** J1412 **Rolvedon** J1449 **Ryplazim** J2998 **Rystiggo** J9333 **Saphnelo** J0491 **Scenesse** J7352 **Selarsdi** Q9998 **Signifor LAR** J2502 **Simponi Aria** J1602 **Skyrizi** J2327 **Sodium hyaluronate** J7320 J7324 J7325 J7326 J7327 J7329 J7331 J7332 **Soliris** J1299 **Spevigo**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J1747 **Spinraza** J2326 **Spravato** J0013 **Starjemza** Q5164 **Stelara IV** J3358 **Steqeyma IV** J5099 **Stimufend** J5127 **Stoboclo** Q5157 **Susvimo** J2779 **Syfovre** J2781 **Synagis*** 90378 **Tepezza** J3241 **Tezspire** J2356 **Therapeutic radiopharmaceuticals***** A9513 A9590 A9696 A9699 A9607 A9606 A9615 **Tofidence** J5133 **Tremfya IV** J1628 **Triptodur** J3316 **Tyenne** J5135 **Tzield** J9381 **Ultomiris** J1303 **Unclassified codes*** J3490 J3590 C9399

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Uplizna** J1823 **Vabysmo** J2777 **Veopoz** J9376 **Viltepso** J1427 **Vimizim** J1322 **Vyepti** J3032 **Vyjuvek** J3401 **Vyondys 53** J1429 **Vyvgart** J9332 **Vyvgart Hytrulo** J9334 **Wezlana IV** Q5138 **White blood cell colony-stimulating factors**** J1442 J1447 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 **Xembify** J1558 **Xenpozyme** J0218 **Xolair** J2357 **Yartemlea** J1289 **Yesintek IV** J5100 **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**

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
		Medication List. Pre-determination is highly recommended for the drugs on this list. Pleases obtain prior notification for Cimzia and Synagis through Optum Rx prior notifications services at 800-310-6826. *For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Casgevy, Kebilidi, Lantidra, Leqembi, Lupaneta Pack, Lyfgenia, Ocrevus Zunovo, Pavblu, Revcovi, Rivfloza, and Veopoz. **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**.
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	27120 27125 27130 27132 27134 27137 27138 27412 27446 27447 27486 27487 29866 29867 29868 J7330 S2112
Musculoskeletal	Prior authorization required	**Shoulder surgery** 23470 23472 23473 23474
Non-emergent air ambulance transport	Prior authorization required	A0430 A0431 A0435 A0436 S9960 S9961
Occupational/ physical therapy	Prior authorization required after the initial evaluation and before the initial therapy visit, and is required for all on going therapy visits. Note: Only members 3 years of age and older require a prior auth.	97012 97016 97018 97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110 97112 97113 97116 97124 97139 97140 97150 97530 97533 97535 97537 97542 97545 97546 97750 97755 97760 97761 97799
Orthognathic surgery Treatment of maxillofacial/	Prior authorization required	21121 21123 21125 21127 21141 21142 21143 21145 21146 21147 21150 21151

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
jaw functional impairment		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 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	L1832	L1834
		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	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	L5657
		L5661	L5673	L5682	L5683

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		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 L5979 L5980 L5981 L5982 L5984 L5986 L5987 L5988 L5990 L5999 L6034 L6035 L6036 L6038 L6039 L6050 L6055 L6100 L6110 L6120 L6130 L6200 L6205 L6250 L6300 L6310 L6320 L6350 L6360 L6370 L6380 L6382 L6384 L6400 L6450 L6500 L6550 L6570 L6580 L6582 L6584 L6586 L6588 L6590 L6621 L6623 L6624 L6646 L6648 L6686 L6687 L6689 L6690 L6692 L6693 L6694 L6695 L6696 L6697 L6704 L6707 L6708 L6709 L6711 L6712 L6713 L6714 L6715 L6880 L6881 L6882 L6883 L6884 L6885 L6895 L6900 L6905 L6910 L6915 L6920 L6925 L6930 L6935 L6940 L6945 L6950 L6955 L6960 L6965 L6970 L6975 L7007 L7008 L7009 L7040 L7045 L7170 L7180 L7181 L7185 L7186 L7190 L7191 L7405 L8040 L8042 L8043 L8044 L8045 L8046 L8047 L8499 L8610 L8612 L8631 L8659		
Potentially unproven services	Prior authorization required	33289 C2624			
Private duty nursing	Prior authorization required	T1000 T1002 T1003 T1030 S9125			
Prostate procedures	Prior authorization	37243 52441 52442 53850			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
	required	55874
Radiation therapy	Prior authorization required	**Image-guided radiation therapy (IGRT)** 77387 **Proton beam** Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 **Special/associated services** 77331 77370 77399 77470 **Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT)** 77371 77372 77373 **Radiation treatment delivery** 77402* 77407 77412 79445* S2095* * Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52 Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Radiation therapy (cont.)		Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **866-889-8054**.
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, you can call **866-889-8054**. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/VAcommunityplan>Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462 30465
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** 29823 29824 29825 29826 29827 29828
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685 41599 42145
Speech therapy	Prior authorization required after the initial evaluation and before the initial therapy visit, and is	92507 92508 92526

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
	required for all on going therapy visits. Note: Only members 3 years of age and older require a prior auth.	
Spinal surgery	Prior authorization required	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 22852 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 63185 63190 63191 63267 63268 63270 63271 63272 63300 63301 63302 63303 63304 63305 63306 63307 63308
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	**Bone-growth stimulator** E0747 E0748 E0749 E0760 **Neurostimulator** 61863 61867 61885 61886 63650 63655 63685 64553 64555 64568 64590 L8680 L8682 L8685 L8686 L8687 L8688
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma (idecaptagene cicleucel), Breyanzi (lisocabtagene maraluecel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Waskyra, Yartemlea, Yescarta (axicabtagene ciloleucel), please call the UnitedHealthcare Community Plan Transplant Case Management team at **888-936-7246** or the

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
		notification number on the back of the member's health plan ID card. 32850 32851 32852 32853 32854 32855 32856 33930 33933 33935 33940 33944 33945 38208 38209 38210 38212 38213 38214 38215 38240 38241 38242 44132 44133 44135 44136 44137 44715 44720 44721 47133 47135 47140 47141 47142 47143 47144 47145 47146 47147 48551 48552 48554 50300 50320 50323 50325 50340 50360 50365 50370 50547 38232* J1289 J3386 J3387 J3389 J3391 J3392 J3393 J3394 J3402 S2060 S2061 S2152 **CAR T-cell therapy** Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 **Gene therapy** J3490*** J3590*** C9399*** *Code 38232 will only require prior authorization for an oncology diagnosis. ***For Unclassified codes J3490, J3590, and C9399, Amtagvi, Kresladi, Ryoncil, and Zynteglo will require Prior Authorization through Optum Transplant.
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473 36475 36478 37700 37718 37722 37765 37766
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. 33927 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509

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the heart and restores normal blood flow		
Wound vac	Prior authorization required	E2402

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