

Prior authorization requirements for Virginia Cardinal Care LTSS

Effective June 1, 2024

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 877-843-4366

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services. For applied behavior analysis (ABA) therapy, submit via fax or Provider Express.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Brain injury case management	Prior authorization required	S0280	S0281		
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization required	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Biosimilar (Zarxio®) Q5101*			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	<p>outpatient setting for a cancer diagnosis</p> <p>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.</p>	<p>Eflapegrastim-xnst (Rolvedon™) J1449</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym®) Q5110*</p> <p>Filgrastim-ayow (Releuko®) Q5125*</p> <p>Pegfilgrastim-apgf (Nyvepria®) Q5122*</p> <p>Pegfilgrastim (Neulasta®) J2506</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (Udenyca™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila®) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u> J0885 (Procrit®)</p> <p><u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®) J0897</p> <p><u>Antiemetic codes that require prior authorization</u> J1456</p> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.</p>
Cardiology	<p>Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.</p>	<p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification.</p>

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

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

Chemotherapy	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and	<p>Injectable chemotherapy drugs that require prior authorization:</p> <p>Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot® (J1950), leuprolide acetate (J1954), lanreotide (J1932)</p> <ul style="list-style-type: none"> Chemotherapy injectable drugs that have a Q code
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Chemotherapy (cont.)	intrathecal for a cancer diagnosis.	<ul style="list-style-type: none"> Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code 			
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Cochlear implants and other auditory implants A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692

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

Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	11971	14020*	14021*
		14040	14041	14060	14061*
		14301	15820	15821	15822
		15823	15830	15847	15877
		17106	17107	17108	17999
		21139	21172	21175	21179
		21180	21230	21235	21256
		21275	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		

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

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
	Durable medical equipment (DME)	Prior authorization 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 orthotics and prosthetics. 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			
Durable medical equipment (DME) (cont.)	home health care section.	E1008	E1009	E1010	E1030
		E1035	E1036	E1130	E1161
		E1229	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1239	E1825	E2100
		E2227	E2228	E2230	E2301
		E2310	E2311	E2322	E2325
		E2327	E2329	E2331	E2351
		E2373	E2510	E2511	E2512
		E2599	E2626	E2627	E2628
		E2629	E2630	E8000	E8001
		E8002	K0005	K0008	K0013
		K0108	K0812	K0830	K0831
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
K0890	K0891	Q0495	S1040		
T1999	T5999	V2786	V5269		
V5270	V5271	V5272	V5274		
V5281	V5282	V5283	V5286		
V5287	V5288	V5290			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002 E0791	B9004	B9006	B9998
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767 A9274 S1031	36514 66180 E0231 S2102	64722 A4638 E1831	65765 A6000 S1030
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gender dysphoria treatment	Prior authorization required	55970	55980		
These surgical codes with the following Dx codes :					
		F64.0	F64.1	F64.2	F64.8

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Gender dysphoria treatment (cont.)		F64.9	Z87.890			
			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			
Genetic and molecular testing	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						
Home health care	Prior authorization is required only in outpatient settings including the member's home.	G0299	G0300	G0493	G0494	
		G0495	G0496	S9123	S9124	
		S9474				
Hysterectomy	Prior authorization required	58150	58152	58180	58260	
		58262	58263	58267	58270	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hysterectomy (cont.)		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
Injectable medications	For prior authorization, please submit requests online using 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. Then select the Prior Authorization and Notification tab on your dashboard. Or you can call 888-397-8129 .	Actemra® J3262			
	Acthar® J0801				
	Adakveo® J0791				
	Aldurazyme® J1931				
	Amondys 45® J1426				
	Amvuttra™ J0225				
	Aralast® NP, Prolastin®-C, Zemaira® J0256				
	Apretude® J0739				
	Avsola® Q5121				
	Benlysta J0490				
	Beovu® J0179				
	Botulinum toxins J0585	J0586	J0587	J0588	
	Brineura® J0567				
	Briumvi™ J2329				
	Byooviz™ Q5124				
	Cerezyme™ J1786				
	Cimerli™ Q5128				
	Cimzia®* J0717				
	Cinqair® J2786				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Crysvita® J0584
		Cutaquig® J1551
		Daxxify J0589
		Elaprase® J1743
		Elelyso J3060
		Elevidys® J1413
		Elfabrio® J2508
		Enjaymo™ J1302
		Entyvio® J3380
		Evkeeza® J1305
		Evenity® J3111
		Exondys 51® J1428
		Eylea HD J0177
		Eylea™ J0178
		Fabrazyme® J0180
		Fasenra® J0517
		Fensolvi® J1951
		Feraheme® Q0138
		Fylnetra® Q5130
		Gamifant® J9210
		Glassia® J0257

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Givlaari®				
	J0223				
	Hemgenix™				
	J1411				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Izervay™				
	J2782				
	Kanuma®				
	J2840				
	Korsuva™				
	J0879				
	Krystexxa®				
	J2507				
	Lamzede®				
	J0217				
	Lanreotide				
	J1932				
	Lemtrada®				
	J0202				
	Leqembi™*****				
	J0174				
	Leqvio®				
J1306					
Lucentis®					
J2778					
Lumizyme®					
J0221					
Luxturna®					
J3398					
Makena®					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)		J1726	J1729	J2675
		Mepsevii®		
		J3397		
		Monoferric®		
		J1437		
		Naglazyme®		
		J1458		
		Nexviazyme®		
		J0219		
		Nplate®		
		J2796		
		Nucala®		
		J2182		
		Ocrevus®		
		J2350		
		Onpattro®		
		J0222		
		Orencia®		
		J0129		
		Oxlumo®		
		J0224		
		Panzyga®		
		J1576		
		Parsabiv®		
		J0606		
		Pombiliti™		
		J1203		
		Prolia®****		
		J0897		
		Purified Cortrophin Gel		
		J0802		
		Qalsody™		
		J1304		
		Radicava®		
		J1301		
		Reblozyl®		
		J0896		
		Releuko®		
		Q5125		
		Remicade®		
		J1745		
		Renflexis®		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Q5104			
	Roctavian™				
	J1412				
	Rolvedon™				
	J1449				
	Ryplazim®				
	J2998				
	Rystiggo™				
	J9333				
	Saphnelo®				
	J0491				
	Scenese®				
	J7352				
	Signifor LAR				
	J2502				
	Simponi Aria®				
	J1602				
	Skyrizi®				
	J2327				
	Sodium hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®				
	J1300				
	Spevigo™				
	J1747				
	Spinraza®				
	J2326				
	Stimufend®				
	Q5127				
	Susvimo™				
	J2779				
	Syfovre™				
J2781					
Synagis®*					
90378					
Tepezza®					
J3241					
Tezspire™					
J2356					
Therapeutic radiopharmaceuticals***					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	A9513	A9590	A9696	A9699	
	A9607				
	Triptodur®				
	J3316				
	Tziel®				
	J9381				
	Ultomiris®				
	J1303				
	Unclassified codes*				
	J3490	J3590	C9167	C9168	
	C9399				
	Uplizna®				
	J1823				
	Vabysmo®				
	J2777				
	Veopoz™				
	J9376				
	Viltepso®				
	J1427				
	Vimizim®				
	J1322				
	Vyepti®				
	J3032				
	Vyjuvek™				
	J3401				
	Vyondys 53®				
	J1429				
	Vyvgart®				
	J9332				
	Vyvgart Hytrulo				
	J9334				
	White blood cell colony-stimulating factors**				
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
Q5122					
Xembify®					
J1558					
Xenpozyme®					
J0218					
Xolair®					
J2357					
Zolgensma®					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J3399			
		<p>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) and included on our Review at Launch Medication List. Predetermination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications.</p> <p>Please obtain prior notification for Cimzia and Synagis through Optum Rx® prior notifications services at 800-310-6826.</p> <p>*For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Casgevy, Lantidra, Lupaneta Pack™, Lyfgenia, Nulibry®, Revcovi®, Leqembi™ and Veopoz™.</p> <p>Effective April 1, 2024 – Adzynma only use temp codes J3490, J3590, C9167.</p> <p>Effective April 1, 2024 – Omvoh only use temp codes J3490, J3590, C9168.</p> <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.</p> <p>For non-oncology Dx submit online your UnitedHealthcare Provider Portal or call 877-842-3210.</p> <p>***Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and Sign In at the top-right corner. Or, you can call 888-397-8129.</p> <p>****Effective Jan. 1, 2023: Prior authorization required for J0897 for non-oncology Dx.</p> <p>*****Effective Aug. 1, 2023: Prior authorization required for J0174.</p>			
Joint replacement	Prior authorization required	24360	24361	24362	24363
Joint, total hip and knee replacement procedures		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Musculoskeletal	Prior authorization required	Shoulder surgery			
		23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21193	21194	21195	21196
		21198	21199	21206	21208
		21209	21210	21215	21240
		21242	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics Orthotics and prosthetics (cont.)	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1830	L1831
		L1832	L1834	L1836	L1840
		L1844	L1845	L1846	L1847
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
	L7190	L7191	L7405	L8040	
	L8042	L8043	L8044	L8045	
	L8046	L8047	L8499	L8609	
	L8610	L8612	L8631	L8659	
Potentially unproven services	Prior authorization required	33289	C2624		
Private duty nursing	Prior authorization required	T1000 S9125	T1002	T1003	T1030
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Radiation therapy	Prior authorization required	Image-guided radiation therapy (IGRT)			
		77014	77387	G6001	G6002

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiation therapy (cont.)		<p>Proton beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)</p> <p>77520 77522 77523 77525</p> <p>Intensity-modulated radiation therapy (IMRT) 77385 77386 G6015 G6016</p> <p>Special/associated services 77331 77370 77399 77470</p> <p>Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT) 77371 77372 77373 G0339 G0340</p> <p>Standard radiation therapy (2D/3D) Prior authorization required only when obtained with diagnosis codes in the following ranges: C34.00–C34.92, C50.011–C50.929, C61, C79.51–C79.52, C84.7A, D05.00–D05.92</p> <p>77401 77402 77407 77412 G6003 G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012 G6013 G6014</p>			
		<p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 866-889-8054.</p>			
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification.</p>			
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
Treatment of nasal functional impairment and septal deviation		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			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Sleep apnea procedures and surgeries (cont.)					
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
63185	63190	63191	63200		
63250	63251	63252	63265		
63267	63268	63270	63271		
63272	63286	63300	63301		
63302	63303	63304	63305		
63306	63307	63308			
Stimulators	Prior authorization required	Bone-growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		61863	61864	61867	61868
		61885	61886	63650	63655
		63685	64553	64555	64568
		64570	64590	L8680	L8682
L8685	L8686	L8687	L8688		
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (idecaptivegen cicleucel), Breyanzi® (lisocabtagene maralucecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus® (brexucabtagene autoleucel) and Yescarta® (axicabtagene ciloleucel), please call the UnitedHealthcare Community Plan Transplant			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Transplants (cont.) Case Management team at **888-936-7246** or the notification number on the back of the member's health plan ID card.

32850	32851	32852	32853
32854	32855	32856	33930
33933	33935	33940	33944
33945	38208	38209	38210
38212	38213	38214	38215
38232*	38240	38241	38242
44132	44133	44135	44136
44137	44715	44720	44721
47133	47135	47140	47141
47142	47143	47144	47145
47146	47147	48551	48552
48554	50300	50320	50323
50325	50340	50360	50365
50370	50547	S2060	S2061
S2152			

CAR T-cell therapy

0537T	0538T	0539T	0540T
Q2041	Q2042	Q2053	Q2054
Q2055	Q2056		

Gene therapy

J3490***	J3590***	C9399***	
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*Code 38232 will only require prior authorization for an oncology diagnosis.

***Effective Jan. 1, 2023 , unclassified codes J3490, J3590, and C9399, Skysona and Zynteglo will require prior authorization through Optum® Transplant.

Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766

Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			
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		

Wound vac	Prior authorization required	E2402			
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