

Prior authorization requirements for Virginia Cardinal Care LTSS

Effective July 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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		Prior Auth NOT required for diagnosis codes listed below:			
Breast reconstruction (non-mastectomy) (cont.) Reconstruction of the breast other than following mastectomy		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.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Biosimilar (Zarxio)			
		Q5101*			
		Eflapegrastim-xnst (Rolvedon)			
		J1449			
		Filgrastim (Neupogen)			
		J1442*			
		Filgrastim-aafi (Nivestym)			
		Q5110*			
		Filgrastim-ayow (Releuko)			
Q5125*					
Pegfilgrastim-apgf (Nyvepria)					
Q5122*					
Pegfilgrastim (Neulasta)					
J2506					
Pegfilgrastim-bmez (Ziextenzo)					
Q5120*					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
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Cancer supportive care (cont.)		Pegfilgrastim-cbqv (Udenyca) Q5111*
		Pegfilgrastim-jmdb (Fulphila) Q5108*
		Sargramostim (Leukine) J2820
		Tbo-filgrastim (Granix) J1447*
		<u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u> J0885 (Procrit)
		<u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva) J0897
		<u>Antiemetic codes that require prior authorization</u> J1456 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
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Cardiovascular	Prior authorization required for lower extremities angiogram only.	93580	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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
Cardiovascular (cont.)		M86.172	M86.179	M86.18	M86.19	
		M86.20	M86.251	M86.252	M86.259	
		M86.261	M86.262	M86.269	M86.271	
		M86.272	M86.279	M86.28	M86.29	
		M86.30	M86.351	M86.352	M86.359	
		M86.361	M86.362	M86.369	M86.371	
		M86.372	M86.379	M86.38	M86.39	
		M86.40	M86.451	M86.452	M86.459	
		M86.461	M86.462	M86.469	M86.471	
		M86.472	M86.479	M86.48	M86.49	
		M86.50	M86.551	M86.552	M86.559	
		M86.561	M86.562	M86.571	M86.572	
		M86.579	M86.58	M86.59	M86.60	
		M86.651	M86.652	M86.659	M86.661	
		M86.662	M86.669	M86.671	M86.672	
		M86.679	M86.68	M86.69	M86.8X0	
		M86.8X5	M86.8X6	M86.8X7	M86.8X8	
		M86.8X9	M86.9	I96	L03.115	
		L03.116	Q27.30	Q27.32	Q27.39	
		Q27.8	Q27.9	Q87.2	S35.511A	
		S35.512A	T82.312A	T82.318A	T82.319A	
		T82.338A	T82.392A	T82.398A	T82.399A	
		T82.898A	I73.00	I73.01	I73.1	
		I73.81				
	Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization required for inpatient services.	95700	95711	95712	95713
			95714	95715	95716	95718
95720			95722	95724	95726	
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.					
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				
		<ul style="list-style-type: none"> • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code 				

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Cochlear implants and other auditory implants	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech					
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2103	A9277 E2102
		Prior authorization is required with the following Type 2 and gestational diabetes Dx codes:			
		E11.00	E11.01	E11.10	E11.11
		E11.21	E11.22	E11.29	E11.311
		E11.319	E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		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		

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Cosmetic and reconstructive	Prior authorization required	11960	11971	14020	14021
		14040	14041	14060	14061
Cosmetic and reconstructive (cont.)		14301	15820	15821	15822
		15823	15830	15847	15877
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function.		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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
Cosmetic and reconstructive (cont.)		C44.601	C44.602	C44.609	C44.611	
		C44.612	C44.619	C44.621	C44.622	
		C44.629	C44.691	C44.692	C44.699	
		C44.701	C44.702	C44.709	C44.711	
		C44.712	C44.719	C44.721	C44.722	
		C44.729	C44.791	C44.792	C44.799	
		C44.80	C44.81	C44.82	C44.89	
		C44.90	C44.91	C44.92	C44.99	
		C46.0	C4A.0	C4A.10	C4A.111	
		C4A.112	C4A.121	C4A.122	C4A.20	
		C4A.21	C4A.22	C4A.30	C4A.31	
		C4A.39	C4A.4	C4A.51	C4A.51	
		C4A.52	C4A.52	C4A.59	C4A.60	
		C4A.61	C4A.62	C4A.70	C4A.71	
		C4A.72	C4A.8	C4A.9	C79.2	
		D03.51	D03.52	D04.0	D04.10	
		D04.111	D04.112	D04.121	D04.122	
		D04.20	D04.21	D04.22	D04.30	
		D04.39	D04.4	D04.5	D04.60	
		D04.61	D04.62	D04.70	D04.71	
		D04.72	D04.8	D04.9		
	Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	A9279	A9280	A9900	E0194
			E0265	E0266	E0270	E0277
E0300			E0328	E0329	E0445	
E0457			E0465	E0466	E0470	
E0471			E0483	E0486	E0620	
E0636			E0637	E0652	E0656	
E0669			E0670	E0675	E0693	
E0694			E0700	E0710	E0745	
E0762			E0764	E0766	E0784	
E0984			E0986	E1002	E1003	
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.		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	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			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)		K0108	K0812	K0830	K0831
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	Q0495	S1040
		T1999	T5999	V2786	V5269
		V5270	V5271	V5272	V5274
		V5281	V5282	V5283	V5286
		V5287	V5288	V5290	E2298
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002 E0791	B9004	B9006	B9998
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767 A9274 S1031	36514 66180 E0231 S2102	64722 A4638 E1831	65765 A6000 S1030
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gender dysphoria treatment	Prior authorization required	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:					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		F64.0 F64.9	F64.1 Z87.890	F64.2	F64.8
Genetic and molecular testing	Prior authorization required	81120	81162	81163	81164
		81228	81229	81242	81251
		81336	81364	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81431
		81432	81435	81437	81439
		81440	81445	81448	81460
		81465	81479	81518	81519
		81520	81521	81522	81546
		81558	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
		0478U	0480U	0481U	0483U
		0484U	0485U	0487U	0493U
		0499U	0500U	0502U	0504U
		0505U	0506U	0508U	0509U
0523U	0529U	0530U	0536U		
0538U	0539U	0540U	0543U		
0544U	0552U	0554U	0562U		
0567U	0571U	S3870			
Home health care	Prior authorization required only in outpatient settings including the member's home.	G0299	G0300	G0493	G0494
		G0495	G0496	S9123	S9124
		S9474			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .	Actemra			
		J3262			
		Acthar			
		J0801			
		Adakveo			
		J0791			
		Adzynma			
		J7171			
		Aldurazyme			
		J1931			
		Alyglo			
		J1552			
		Amondys 45			
		J1426			
		Amvuttra			
		J0225			
		Aralast NP, Prolastin-C, Zemaira			
		J0256			
		Apretude			
		J0739			
		Avsola			
		Q5121			
		Avtozma			
		Q5156			
		Azmiro			
		J1072			
		Benlysta			
		J0490			
		Beovu			
		J0179			
		Beqvez			
		J1414			
		Bildyos			
		Q5162			
		Bkemv			
		Q5152			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura			
		J0567			
		Briumvi			
		J2329			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Byooviz Q5124 Cerezyme J1786 Cimerli Q5128 Cimzia* J0717 Cinqair J2786 Conexence 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 Exondys 51 J1428

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)	Eylea HD	J0177
	Eylea	J0178
	Fabrazyme	J0180
	Fasenra	J0517
	Fensolvi	J1951
	Feraheme	Q0138
	Fynetra	Q5130
	Gamifant	J9210
	Gazyva	J9301
	Glassia	J0257
	Givlaari	J0223
	Hemgenix	J1411
	Hemlibra	J7170
	Hypavzi	J7172
	Ilaris	J0638
	Ilumya	J3245
	Imaavy	J9256
	Imuldosa IV	Q5098
	Inflectra	Q5103
	Injectafer	J1439
	Itvisma	J3405

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
Injectable medications (cont.)	IVIG	90283	90284	J1459	J1554	
		J1555	J1556	J1557	J1559	
		J1561	J1566	J1568	J1569	
		J1572	J1575	J1599	J1553	
		Izervay				
		J2782				
		Jubbonti				
		Q5136				
		Kanuma				
		J2840				
		Kisunla				
		J0175				
		Korsuva				
		J0879				
		Krystexxa				
		J2507				
		Lamzedo				
		J0217				
		Lanreotide				
		J1932				
		Lemtrada				
		J0202				
		Leqembi				
		J0174				
		Leqvio				
		J1306				
		Lucentis				
		J2778				
		Lumizyme				
		J0221				
	Luxturna					
	J3398					
	Mepsevii					
	J3397					
	Monoferric					
	J1437					
	Naglazyme					
	J1458					
	Nexviazyme					
	J0219					
	Niktimvo					

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 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 J0802 Qalsody

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)	J1304				
	Qfitia				
	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	J7321	J7322	J7324		
J7325	J7326	J7327	J7329		
J7331	J7332				
Soliris					
J1299					
Spevigo					
J1747					
Spinraza					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		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		
	Uplizna				
	J1823				

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Injectable medications (cont.)		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 Medication List**. Pre-determination is highly recommended for the drugs on this list.

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		<p>Plases 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, Kebilidi, Lantidra, Leqembi, Lupaneta Pack, Lyfgenia, Ocrevus Zunovo, Pavblu, Revcovi, Rivfloza, and Veopoz.</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. 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.</p> <p>*** Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.</p>			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	24360 J7330 27130 27138 27486 29868	24361 S2112 27132 27412 27487	24362 27120 27134 27446 29866	24363 27125 27137 27447 29867
Musculoskeletal	Prior authorization required	Shoulder surgery			
		23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
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.	97012 97024 97033 97039 97116 97150 97537 97750 97799	97016 97026 97034 97110 97124 97530 97542 97755	97018 97028 97035 97112 97139 97533 97545 97760	97022 97032 97036 97113 97140 97535 97546 97761
	Note: Only members 3 years of age and older require a prior auth.				
Orthognathic surgery Treatment of maxillofacial/	Prior authorization required	21121 21141 21146 21154	21123 21142 21147 21155	21125 21143 21150 21159	21127 21145 21151 21160

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
jaw functional impairment		21193	21194	21195	21196
		21198	21199	21206	21208
		21209	21210	21215	21240
		21242	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
Orthotics and prosthetics	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1830	L1831
		L1832	L1834	L1836	L1840
		L1844	L1845	L1846	L1847
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		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		

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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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) 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*			
<p>* 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:</p> <p>Bone Mets - ICD10: C79.51, C79.52</p> <p>Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A</p> <p>Prostate - ICD10: C61</p> <p>Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:</p>					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Radiation therapy (cont.)		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			
		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 <u>UnitedHealthcare Provider Portal</u> 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 Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program">UHCprovider.com/VAcommunityplan>Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
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 29827	29824 29828	29825	29826
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Speech therapy	Prior authorization required after the initial evaluation and before the initial therapy visit, and is required for all on going therapy visits. Note: Only members 3 years of age and older require a prior auth.	92507	92508	92526	
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305
Stimulators	Prior authorization required				
Implantation of a device that sends electrical impulses		Bone-growth stimulator E0747	E0748	E0749	E0760
		Neurostimulator 61863 61885 63685 64570	61864 61886 64553 64590	61867 63650 64555 L8680	61868 63655 64568 L8682

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
		L8685	L8686	L8687	L8688	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma (idecaptogene cicleucel), Breyanzi (lisocabtagene maralucecl), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Waskyra, Yartemlea, Yescarta (axicabtagene ciloleucel), please call the UnitedHealthcare Community Plan Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.				
		32850	32851	32852	32853	
		32854	32855	32856	33930	
		33933	33935	33940	33944	
		33945	38208	38209	38210	
		38212	38213	38214	38215	
		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, Ryoncil, and Zynteglo will require Prior Authorization through Optum Transplant.						
Vein procedures	Prior authorization required	36473	36475	36478	37700	
		37718	37722	37765	37766	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease						

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
and varicose veins of the extremities					
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's health plan ID card.			
		33927	33975	33976	33979
		33981	33982	33983	Q0507
		Q0508	Q0509		
Wound vac	Prior authorization required	E2402			

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