

Prior authorization requirements for Wisconsin Medicaid

Effective July 1, 2026

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Wisconsin health care professionals providing inpatient and outpatient services. Please submit your prior authorization 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 in 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: 877-651-6677**

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	43645	43659	43770
		43775	43842	43846	43847
		43848	43860		
Behavioral health services	Prior authorization required	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 or substance use services.			
	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
Birth to age 3	Prior				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
program and in-school therapies	authorization is required for all therapies in lieu of or in addition to the birth to age 3 program or school-based treatments.				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
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 11971	19328 19350 19367 19371
		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	Injectable colony-stimulating factor drugs that require prior authorization: Bio similar (Zarxio) Q5101*			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (cont.)	and bone-modifying agents administered in an outpatient setting for a cancer diagnosis (Dx) *Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, Q5136, Q5157, Q5158, Q5159 and Q5148 also require prior authorization for non-oncology Dx. See Injectable medications section below.	Eflapegrastim-xnst (Rolvedon) J1449*
		Filgrastim (Neupogen) J1442*
		Filgrastim-aafi (Nivestym) Q5110*
		Filgrastim-ayow, (Releuko) Q5125*
		Pegfilgrastim (Neulasta) J2506*
		Pegfilgrastim-apgf, biosimilar (Nyvepria) Q5122*
		Pegfilgrastim-bmez (Ziextenzo) Q5120*
		Pegfilgrastim-cbqv (UDENYCA) Q5111*
		Pegfilgrastim-jmdb (Fulphila) Q5108
		Sargramostim (Leukine) J2820
		Tbo-filgrastim (Granix) J1447*
		Trilaciclib (Cosela) J1448*
		<u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u> J0885
		<u>Bone-modifying agent that requires prior authorization:</u> Denosumab 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**.

Cardiovascular	Prior authorization required for lower extremities angiogram only	93580	No 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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		M86.172	M86.179	M86.18	M86.19
	M86.20	M86.251	M86.252	M86.259	
	M86.261	M86.262	M86.269	M86.271	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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				
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 Healthcare Common Procedure Coding System (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 .			
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					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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deafness achieve conversational speech

Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A9276	A9277	A9278	A4239
		E2102	E2103		
		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 Cosmetic procedures that change or improve physical appearance, without significantly	Prior authorization required	11960	14061	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
improving or restoring physiological function.		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026	14020	14021	
Reconstructive procedures that either treat a medical condition or improve or restore physiologic function		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	
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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 DME 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.	A9900	E0194	E0265	E0266
		E0277	E0328	E0329	E0445
		E0457	E0465	E0466	E0470
		E0471	E0483	E0486	E0652
		E0656	E0669	E0745	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1007	E1008
		E1009	E1010	E1030	E1036
		E1825	E2227	E2228	E2230
		E2310	E2311	E2322	E2325
		E2327	E2329	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	S1040	T1999	V2786		
	V5274	V5281			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4035	B4036	B4102	B4103
		B4104	B9002		
Experimental and investigational (and/or linked services)	Prior authorization required	29914	29915	29916	33477
		36514	64722	65765	65767
		66180	A9274	E1831	S0810
		S9990	S9991		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 These surgical codes with the following Dx codes do require a prior auth: F64.0 F64.9 14000 14040 14302 15757 53430 54690 55980 57110 58940	55980 F64.1 Z87.890 14001 14041 15734 15758 54125 55175 56625 57335 64856	F64.2 14020 14060 15738 19303 54520 55180 56800 58661 64892	F64.8 14021 14301 15750 53410 54660 55970 56805 58720 64896
Genetic and molecular testing to include BRCA	Prior authorization required	81415 81443 81277 81541 81163 81400 81404 81408 81558	81416 81445 81349 81542 81164 81401 81405 81410	81417 81450 81441 81552 81415 81402 81406 81411	81435 81455 81523 81162 81416 81403 81407 81413
Home health care	Prior authorization required only in outpatient settings, to include member's home Note: G-codes aren't supported by the state.	99504 S9124	99600 T1021	G0299	S9123 Service Hospice/Bill
Hysterectomy	Prior	58150	58152	58180	58260

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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	authorization required	58262	58263	58267	58270
		58275	58290	58291	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573

Incontinence supplies	Prior authorization required	T4542			
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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 .	Adakveo J0791 Adzyna J7171 Aldurazyme J1931 Alhemo J7173 Amvuttra J0225 Aralast NP, Prolastin - C, Zemaira J0256 Amondys-45 J1426 Avtozma Q5156 Azmiro J1072 Benlysta J0490 Beovu J0179 Beqvez J1414 Berinert J0597 Bildyos Q5162 Briumvi J2329 Byooviz Q5124 Cimerli Q5128			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont.)		Cimzia
		J0717
		Cinryze
		J0598
		Conexxence
		Q5158
		Cosentyx
		J3247
		Cutaquig
		J1551
		Elaprase
		J1743
		Elfabrio
		J2508
		Encelto
		J3403
		Enjaymo
		J1302
		Evkeeza
		J1305
		Eylea HD
		J0177
		Eylea
		J0178
		Fabrazyme
		J0180
		Fensolvi
		J1951
	Feraheme	
	Q0138	
	Firmagon	
	J9155	
	Fynetra	
	Q5130	
	Gazyva	
	J9301	
	Givlaari	
	J0223	
	Glassia	
	J0257	
	Hemgenix	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		J1411 Hemlibra J7170 Hypavzi J7172 Imaavy J9256 Imuldosa IV Q5098 Injectafer J1439 Itvisma J3405 Izervay J2782 Jubbonti Q5136 Kalbitor J1290 Kanuma J2840 Kisunla J0175 Korsuva J0879 Krystexxa J2507 Lamzede J0217 Lanreotide J1932 Leqembi J0174 Leqvio J1306 Lucentis J2778 Lumizyme J0221 Lupron Depot J1950

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont.)		Lupron Depot, Eligard J9217
		Lutrate_Depot*** J1954
		Monoferric J1437
		Naglazyme J1458
		Nexviazyme J0219
		Niktimvo J9038
		Nplate J2802
		Nulibry J1809
		Nypozi Q5148
		Ocrevus Zunovo J2351
		Octreotide Acetate J2354
		Omvoh J2267
		Otufi IV Q9999
		Oxlumo J0224
		Papzimeos J3404
		Pavblu Q5147
		Piasky J1307
		Pombiliti J1203
		Prolia J0897
		Pyzchiva IV Q9997
		Qalsody

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont.)		J1304		
		Qfitlia		
		J7174		
		Riabni		
		Q5123		
		Reblozyl		
		J0896		
		Releuko		
		Q5125		
		Rituxan		
		J9312		
		Rituxan Hycela		
		J9311		
		Roctavian		
		J1412		
		Ruconest		
		J0596		
		Ruxience		
		Q5119		
		Ryplazim		
		J2998		
		Rystiggo		
		J9333		
		Sandostatin LAR		
		J2353		
		Saphnelo		
		J0491		
		Scenesse		
		J7352		
		Selarsdi		
		Q9998		
		Signifor LAR		
		J2502		
	Skyrizi			
	J2327			
	Sodium Hyaluronate			
	J7320	J7321	J7322	J7324
	J7325	J7326	J7327	J7329
	J7331	J7332		
	Soliris			
	J1299			
	Somatuline Depot			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont.)		J1930
		Spevigo
		J1747
		Starjemza
		Q5164
		Stelara
		J3358
		Steqeyma IV
		Q5099
		Stoboclo
		Q5157
		Supprelin LA
		J9226
		Susvimo
		J2779
		Syfovre
		J2781
		Tepezza
		J3241
		Tezspire
		J2356
		Therapeutic Radiopharmaceuticals*
		A9513 A9590 A9606 A9699
		A9607 A9615
		Tofidence
		Q5133
		Trelstar
		J3315
		Tremfya IV
		J1628
		Triptodur
		J3316
	Truxima	
	Q5115	
	Tyenne	
	Q5135	
	Tzield	
	J9381	
	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	
	Xenpozyme	
	J0218	
	Xolair	
	J2357	
	Yartemlea	
	J1289	
	Yesintek IV	
	Q5100	
	Zoladex	
	J9202	

*Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**.

** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is required for Amondys 45 (casimersen), Casgevy, Kebilidi, Lantidra, Ocrevus, Pavblu, Recovi, Rivfloza, Ryplazim, Viltepso, and Zunovo.

*** For code J1954, Cancer DX is excluded from prior auth.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		29868	S2112	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867

Musculoskeletal	Prior authorization required	Shoulder surgery			
		23470	23472	23473	23474

Non-emergent air ambulance transport	Prior authorization required To request prior authorization for transportation, please call Medical Transportation Management at 866-907-1493.	S9960	S9961		
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Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	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	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	L1832	L1834	L1840

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)	more than \$500.	L1844	L1845	L1846	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	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	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	L5930	L5950	L5960
		L5961	L5962	L5964	L5966
		L5968	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	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	L6588	L6590	L6621
L6623	L6624	L6646	L6648		
L6686	L6687	L6689	L6690		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L6692	L6693	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
		L7185	L7186	L7190	L7191
		L7405	L8040	L8042	L8043
		L8044	L8045	L8046	L8047
	L8499	L8610	L8612	L1820	
Pain injections and management	Prior authorization required	64490	64493		
Personal care service	Prior authorization required	T1019			
Private duty nursing	Prior authorization required	T1001	T1002	T1003	
Prostate procedures	Prior authorization required	52441 55873	52442	53850	53852
Radiation therapy	Prior authorization required	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
		SRS/SBRT			
		77371	77372	77373	
		Radiation treatment delivery			
		77402*	77407	77412	

* 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,

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Radiation therapy (cont.)		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
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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

Y90

Implantable Beta-Emitting Microspheres for treatment of malignant tumors

79445 S2095

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: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans 	Health care providers 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 Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program">UHCprovider.com/WIcommunityplan>Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program
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Rhinoplasty and septoplasty	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
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Treatment of nasal functional impairment

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

Shoulder surgery	Prior authorization required	Musculoskeletal System			
		29828	29806	29807	29819
		29820	29822	29823	29824
		29825	29827		

Sinuplasty	Prior authorization required	31295	31296	31297	31298
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Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					

Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
63185	63190	63191	63200		
63250	63251	63252	63265		
63267	63268	63270	63271		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont.)		63272	63286	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	E0760	
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
	0315T	0316T	0317T	L8680	
	L8685	L8686	L8687	L8688	
Transcranial Magnetic Stimulation (TMS)	Prior authorization required	90867	90868		
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma (Idecaptagene Cicleucel), Breyanzi (Lisocabtagene Maralucecel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Waskyra, Yartemlea, Yescarta (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State 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	Q2042	Q2056	Q2057
		C9399**	J3490**	J3590**	J9999**
		38232*	J1289	J3386	J3387
		J3389	J3391	J3392	J3393
		J3394	J3402	Q2041	Q2058
		S2060	S2061	S2152	
		Gene therapy			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont.)		J3490****	J3590****	C9399****	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		**For unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma, and Breyanzi.			
		**** For Unclassified codes J3490, J3590, and C9399, Amtagvi 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
		37780			
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			