

# Prior authorization requirements for Ohio Medicaid

Effective Jul. 1, 2024

## General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Ohio healthcare professionals providing inpatient and outpatient services.

For prior authorization, please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Phone:** Call 877-842-3210

**Note:** 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, excluding emergent or urgent care.

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Abortion – pregnancy termination</b>	Prior authorization required	59840 59852	59841 59855	59850 59856	59851 59857
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization required	11971 19330 19357 19368 19380	19316 19340 19361 19369	19318 19342 19364 19370	19328 19350 19367 19371
<b>Cancer supportive care</b>	Prior authorization is required for colony-stimulating factor drugs, erythropoiesis stimulating agents and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.  *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b> <b>Eflapegrastim-xnst (Rolvedon®)</b> J1449 <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym™)</b> Q5110* <b>Filgrastim-ayow (Releuko®)</b> Q5125* <b>Filgrastim-sndz (Zarxio®)</b> Q5101*			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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Cancer supportive care (cont.)	Injectable medications section below.	<b>Pegfilgrastim (Neulasta®)</b> J2506*
		<b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122*
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*
		<b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*
		<b>Sargramostim (Leukine®)</b> J2820
		<b>Tbo-filgrastim (Granix®)</b> J1447*
		<b>Trilaciclib (Cosela™)</b> J1448
		<b><u>Anti-emetic Drugs that require prior authorization:</u></b>
		<b>Emend® (fosaprepitant)</b> J1453
		<b>Sustol® (granisetron extended release)</b> J1627
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>
		<b>Denosumab</b> J0897
		<b><u>Erythropoiesis-Stimulating Agents</u></b> J0885

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Cardiovascular	Prior authorization required	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580	
		*Prior authorization is not 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		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cardiovascular (cont.)		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
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		M86.361	M86.362	M86.369	M86.371
	M86.372	M86.379	M86.38	M86.39	
	M86.40	M86.451	M86.452	M86.459	
	M86.461	M86.462	M86.469	M86.471	
	M86.472	M86.479	M86.48	M86.49	
	M86.50	M86.551	M86.552	M86.559	
	M86.561	M86.562	M86.571	M86.572	
	M86.579	M86.58	M86.59	M86.60	
	M86.651	M86.652	M86.659	M86.661	
	M86.662	M86.669	M86.671	M86.672	
	M86.679	M86.68	M86.69	M86.8X0	
	M86.8X5	M86.8X6	M86.8X7	M86.8X8	
	M86.8X9	M86.9	I96	L03.115	
	L03.116	Q27.30	Q27.32	Q27.39	
	Q27.8	Q27.9	Q87.2	S35.511A	
	S35.512A	T82.312A	T82.318A	T82.319A	
	T82.338A	T82.392A	T82.398A	T82.399A	
	T82.898A	I73.00	I73.01	I73.1	
I73.81					
<b>Cerebral seizure monitoring – inpatient video EEG</b>	Prior authorization is required for inpatient services.	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95714	95715	95716	95718
		95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	<b>Injectable chemotherapy drugs that require prior authorization:</b>			
		<ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 –J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul>			
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<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and an external portion that helps persons	Prior authorization required	69710	69714	69930	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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with profound sensorineural deafness achieve conversational speech

<b>Continuous glucose monitor</b>	Prior authorization required	A4226 E2103	A4239	E0787	E2102
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<b>Cosmetic and reconstructive procedures</b> 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	14020*	14021*	14061*
		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	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
67961	67966	Q2026			

\*Prior authorization not required when billed with the following diagnosis 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
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 how to obtain prior authorization			
Cosmetic and reconstructive procedures (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		
<b>Drug screening</b>	Prior authorization required	G0483			
<b>Durable medical equipment (DME) – incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at <b>844-564-1008</b>			
<b>Durable medical equipment (DME)</b>	Prior authorization required	Prior authorization is required <b>regardless of billed amount:</b>			
		E1239	E2310	E2311	K0812
		K0830	K0831	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857
		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	
		Prior authorization is required only for a <b>retail purchase or cumulative rental cost of more than \$500:</b>			
		E0194	E0277	E0328	E0329
		E0457	E0483	E0669	E0700
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1030	E1130	E1161

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization				
<b>Durable medical equipment (DME) (cont.)</b>		E1231	E1232	E1233	E1234	
		E1235	E1236	E1237	E1238	
		E2322	E2325	E2327	E2329	
		E2373	E2510	E2511	E2512	
		E2599	E8000	E8001	E8002	
		K0005	K0108	S1040		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100	
		B4102	B4103	B4104	B4150	
		B4152	B4153	B4155	B4159	
		B4160	B4161	B9002	B9998	
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	66180	
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916		
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255	
		31256	31257	31259	31267	
		31276	31287	31288		
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980			
		These surgical codes with the following DX codes:				
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>	
		<b>F64.9</b>	<b>Z87.890</b>			
		14000	14001	14041	15734	
		15738	15750	15757	15758	
		19303	53410	53430	54125	
		54520	54660	54690	55175	
		55180	56625	56800	56805	
		57110	57335	58661	58720	
		58940	64856	64892	64896	
	<b>Genetic and molecular testing to include BRCA</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81162	81163	81164	81228
			81229	81277	81400	81401
		81402	81403	81404	81405	
		81406	81407	81408	81410	
Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.		81411	81412	81413	81414	
		81415	81416	81417	81420	
		81431	81432	81433	81435	
		81436	81437	81438	81439	
		81440	81443	81445	81448	
		81460	81465	81479	81507	
		81518	81519	81520	81521	
		81522	81546	81595	81599	
		87505	87506	87507	0006M	
		0007M	0018U	0022U	0023U	
	0170U	0171U	0172U	0173U		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Genetic and molecular testing to include BRCA (cont.)</b>	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	0175U	0179U	0209U	0214U
		0215U	0216U	0217U	0218U
<b>Home health care</b>	Prior authorization is required only in outpatient settings, to include member's home.	G0151 G0299	G0152 G0300	G0153	G0156
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0801			
		<b>Adakveo®</b>			
		J0791			
		<b>Aduhelm</b>			
		J0172			
		<b>Adzyna</b>			
		J7171			
		<b>Aldurazyme®</b>			
		J1931			
		<b>Amondys 45</b>			
		J1426			
		<b>Amvuttra™</b>			
		J0225			
		<b>Aralast NP®</b>			
		J0256			
		<b>Avsola™</b>			
Q5121					
<b>Benlysta</b>					
J0490					
<b>Beriner®</b>					
J0597					
<b>Botulinum toxins</b>					
J0585	J0586	J0587	J0588		
<b>Brineura™</b>					



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J0567
		<b>Briumvi®</b>
		J2329
		<b>Cerezyme®</b>
		J1786
		<b>Cimzia®</b>
		J0717
		<b>Cinqair®</b>
		J2786
		<b>Cinryze®</b>
		J0598
		<b>Cortrophin™ Gel</b>
		J0802
		<b>Cosentyx IV</b>
		J3247
		<b>Crysvita®</b>
		J0584
		<b>Cutaquig®</b>
		J1551
		<b>Daxxify</b>
		J0589
		<b>Elaprase®</b>
		J1743
		<b>Elelyso®</b>
		J3060
		<b>Elfabrio®</b>
		J2508
		<b>Enjaymo™</b>
		J1302
		<b>Entyvio®</b>
		J3380
		<b>Evenity™</b>
		J3111
		<b>Evkeeza™</b>
		J1305
		<b>Exondys 51™</b>
		J1428
		<b>Eylea HD</b>
		J0177
		<b>Fabrazyme®</b>
		J0180
		<b>Fasenra™</b>
		J0517

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications  
(cont.)

<b>Feraheme®</b>				
Q0138				
<b>Fensolvi®</b>				
J1951				
<b>Firmagon®</b>				
J9155				
<b>Fynetra®</b>				
Q5130				
<b>Gamifant®</b>				
J9210				
<b>Givlaari®</b>				
J0223				
<b>Glassia®</b>				
J0257				
<b>Ilaris®</b>				
J0638				
<b>Ilumya™</b>				
J3245				
<b>Inflectra®</b>				
Q5103				
<b>Injectafer®</b>				
J1439				
<b>IVIG</b>				
90284	J1459	J1554	J1555	
J1556	J1557	J1559	J1561	
J1566	J1568	J1569	J1572	
J1575	J1599			
<b>Izervay</b>				
J2782				
<b>Kalbitor®</b>				
J1290				
<b>Kanuma®</b>				
J2840				
<b>Korsuva®</b>				
J0879				
<b>Krystexxa®</b>				
J2507				
<b>Lamzede®</b>				
J0217				
<b>Lanreotide</b>				
J1932				
<b>Lemtrada®</b>				
J0202				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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Injectable medications (cont.)

**Leqembi®**  
 J0174  
**Leqvio®**  
 J1306  
**Lumizyme®**  
 J0221  
**Lupron Depot®**  
 J1950  
**Lupron Depot, Eligard®**  
 J9217  
**Luxturna™**  
 J3398  
**Mepsevii®**  
 J3397  
**Monoferric®**  
 J1437  
**Naglazyme®**  
 J1458  
**Nexviazyme®**  
 J0219  
**Nplate®**  
 J2796  
**Nucala®**  
 J2182  
**Ocrevus™**  
 J2350  
**Octreotide Acetate**  
 J2354  
**OmvoH IV**  
 J2267  
**Onpattro™**  
 J0222  
**Orencia®**  
 J0129  
**Oxlumo™**  
 J0224  
**Panzyga®**  
 J1576  
**Parsabiv™**  
 J0606  
**Pombiliti**  
 J1203  
**Prolastin C®**

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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Injectable medications (cont.)

J0256  
**Prolia®**  
 J0897\*\*\*\*\*  
**Qalsody®**  
 J1304  
**Radicava®**  
 J1301  
**Reblozyl®**  
 J0896  
**Remicade®**  
 J1745  
**Renflexis®**  
 Q5104  
**Riabni™**  
 Q5123  
**Releuko®**  
 Q5125  
**Revcovi®**  
 J3590  
**Rituxan®**  
 J9312  
**Rituxan Hycela®**  
 J9311  
**Rolvedon™**  
 J1449  
**Ruconest®**  
 J0596  
**Ruxience®**  
 Q5119  
**Ryplazim®**  
 J2998  
**Rystiggo**  
 J9333  
**Sandostatin® LAR**  
 J2353  
**Saphnelo™**  
 J0491  
**Scenesse®**  
 J7352  
**Signifor® LAR**  
 J2502  
**Simponi Aria®**  
 J1602

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)		<b>Skyrizi®</b>			
		J2327			
		<b>Sodium Hyaluronate</b>			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		<b>Soliris®*</b>			
		J1300			
		<b>Somatuline® Depot</b>			
		J1930			
		<b>Spinraza™</b>			
		J2326			
		<b>Spevigo®</b>			
		J1747			
		<b>Stelara®</b>			
		J3358			
		<b>Stimufend®</b>			
		Q5127			
		<b>Supprelin® LA</b>			
		J9226			
		<b>Syfovre®</b>			
		J2781			
		<b>Synagis®</b>			
		90378			
		<b>Tepezza®</b>			
		J3241			
		<b>Tezspire™</b>			
		J2356			
		<b>Therapeutic Radiopharmaceuticals***</b>			
		A9513	A9590	A9606	A9607
		A9699			
		<b>Trelstar®</b>			
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Truxima®</b>				
	Q5115				
	<b>Tzield™</b>				
	J9381				
	<b>Ultomiris™</b>				
	J1303				
	<b>Unclassified and temporary codes**</b>				
	C9399	J3490	J3590		
	<b>Uplizna®</b>				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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Injectable medications (cont.)

	J1823			
	<b>Veopoz</b>			
	J9376			
	<b>Viltepso™</b>			
	J1427			
	<b>Vimizim®</b>			
	J1322			
	<b>Vyepti™</b>			
	J3032			
	<b>Vyjuvek™</b>			
	J3401			
	<b>Vyondys 53®</b>			
	J1429			
	<b>Vyvgart™</b>			
	J9332			
	<b>Vyvgart Hytrulo</b>			
	J9334			
	<b>White blood cell colony stimulating factors****</b>			
	J1442	J1447	J2506	Q5101
	Q5108	Q5110	Q5111	Q5120
	Q5122			
	<b>Xembify®</b>			
	J1558			
	<b>Xenpozyme™</b>			
	J0218			
	<b>Xolair®</b>			
	J2357			
	<b>Zemaira®</b>			
	J0256			
	<b>Zoladex®</b>			
	J9202			

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. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

\* Please obtain prior notification for Solaris through OptumRx prior notifications services at 800-310-6826.

\*\* For Unclassified codes C9399, J3490 and J3590 prior authorization is only required for, Elevidys, Eylea HD ,Nulibry™ , and Rivfloza

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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<b>Injectable medications (cont.)</b>	<p>***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 888-397-8129.</p> <p>****Codes J1442, J1447 J2506, Q5101, Q5108, Q5110 Q5111, Q5120, Q5122 and Q5125, white blood cell colony-stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Cancer supportive care section above. For non-oncology DX, submit online at UHCProvider.com &gt; UnitedHealthcare Provider Portal&gt; Prior Authorization and Notification tile on your Provider Portal dashboard or call 877-842-3210. Prior authorization is not required for ESRD diagnosis. ***** Prior authorization required for J0897 for non oncology DX.</p>				
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<b>Inpatient admissions – post-acute services</b>	<p>Prior authorization and notification of admission date is required for facilities providing post-acute inpatient services:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>				
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<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27130 27138 27486 29868	23472 24361 24371 27132 27412 27487 J7330	23473 24362 27120 27134 27446 29866	23474 24363 27125 27137 27447 29867
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<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
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<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
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Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Orthotics and prosthetics</b>	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0170	L0480	L0482	L0484
		L0486	L0629	L0631	L0632
		L0634	L0636	L0640	L0700
		L0710	L0810	L0859	L1000
		L1200	L1300	L1310	L1680
		L1685	L1720	L1730	L1755
		L1832	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1970	L2000	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3971	L4000	L4010	L4020
		L4631	L5010	L5020	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5220
		L5230	L5250	L5280	L5301
		L5321	L5331	L5341	L5400
		L5420	L5510	L5535	L5540
		L5560	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5705	L5706
		L5716	L5718	L5722	L5724
		L5728	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5857	L5930
		L5950	L5960	L5962	L5964
		L5966	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L6000	L6010
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6500	L6550



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L6570	L6623	L6686	L6687
		L6689	L6690	L6692	L6693
		L6704	L6707	L6708	L6709
		L6900	L6905	L6910	L6915
		L1820			
<b>Out-of-network services</b> A referral to a health care provider who is not contracted with UnitedHealthcare	Prior authorization required for out-of-network services				
<b>Outpatient therapy</b>	Prior Authorization required	92507	92508	92526	97010
		97012	97014	97016	97018
		97022	97024	97026	97028
		97032	97033	97034	97035
		97036	97039	97110	97112
		97113	97116	97124	97129
		97139	97140	97150	97169
		97170	97171	97172	97530
		97533	97535	97537	97542
		97545	97546	97750	97755
		97761	97763		
<b>Private duty nursing</b>	Prior authorization required	T1000	T1001		
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b>			
		77014	77387		
		<b>IMRT</b>			
		Intensity-Modulated Radiation Therapy			
		77385	77386		
		<b>Proton Beam Therapy</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/Associated Services</b>			
		77331	77370	77399	77470
		<b>SBRT/SRS</b>			
		77371	77372	77373	
		<b>Standard Radiation Therapy (2D/3D)</b>			
Prior Auth required only when obtained with diagnosis codes in the following ranges					
C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Radiation therapy (cont.)</b>		77401	77402	77407	77412
		<b>Y90</b>			
		Implantable Beta-Emitting Microspheres for treatment of malignant tumors			
		79445			
		To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology, and Radiation Therapy” box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
<b>Radiology</b>	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> </ul> <p>Nuclear medicine and nuclear cardiology procedures</p>	<p>Care providers 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 by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/OHcommunityplan &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</b></p>			
<b>Respite services</b>	Prior authorization required	H0045	S5150	S5151	
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	<ul style="list-style-type: none"> <li>Prior authorization required</li> </ul>	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	<p>Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)</p>	<p><b>Auditory System</b> 69205</p> <p><b>Cardiovascular System</b> 36590      36832</p> <p><b>Carpal Tunnel Surgery</b> 64721</p> <p><b>Cataract Surgery</b> 66821      66982      66984      66987 66988</p> <p><b>Colonoscopy</b> 45378      45380      45384      45385</p> <p><b>Cosmetic &amp; Reconstructive</b> 13101      13132      21552      21931</p> <p><b>Digestive System</b> 42415      42440      43200      43236 43237      43238      43242      43245 43246      43247      43248      43251 43254      43255      43259      44360 44361      45171      45334      45335</p>			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Site of service (SOS) – outpatient hospital (cont.)</b>		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
	<b>ENT Procedures</b>				
		21320	30140	30520	69436
	69631				
	<b>Eye and Ocular Adnexa</b>				
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
	<b>Female Genital System</b>				
		57240	57250	57461	57520
		58561	58562		
	<b>Gender Dysphoria Treatment</b>				
		14040	14060	14301	
	<b>Gynecologic Procedures</b>				
		57522	58353	58558	58563
	58565				
	<b>Hemic and Lymphatic Systems</b>				
		38500	38510	38525	
	<b>Hernia Repair</b>				
		49505	49650	49651	
	<b>Integumentary System</b>				
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
	<b>Liver Biopsy</b>				
		47000			
	<b>Male Genital System</b>				
		54840			
	<b>Miscellaneous</b>				
		20680			
	<b>Musculoskeletal System</b>				
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22902	22903	23071
		23075	24071	27327	27337
		27632	28035	28039	28041
		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29806
		29807	29819	29822	29823
		29824	29825	29826	29827
		29828	29835	29840	29845
		29846	29848	29861	29875

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Site of service (SOS) – outpatient hospital (cont.)</b>		29876	29877	29879	29880
		29881	29882	29888	29893
		G0260			
		<b>Nervous System</b>			
		64561	64640		
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory System</b>			
		30802	30930	31525	31535
		31536	31541	31624	
		<b>Tonsillectomy &amp; Adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper Gastrointestinal Endoscopy</b>			
		43235	43239	43249	
		<b>Urinary System</b>			
		52276	52287	52320	52344
		<b>Urologic Procedures</b>			
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700	57288		
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Spinal surgery (cont.)		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	
<b>Stimulators</b>	Prior authorization required	<b>Bone Growth Stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0760	
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590			
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene Maralucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152			
		<b>CAR T-Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		
		<b>Gene Therapy</b>			
		C9399**	J3490**	J3590**	J3394

\*Prior authorization for code 38232 is only required for an

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Transplants (cont.)</b>		oncology diagnosis.  ** Amtagvi, Lantidra, Skysona™ and Zytiglo™ will require prior authorization through Optum Transplant.			
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473 37718 37780	36475 37722	36478 37765	37700 37766
<b>Ventricular assist devices (VAD)</b> 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. Then, fax the form provided by the nurse to the Optum VAD Case Management team at <b>855-282-8929</b> .  33927      33928      33929      33975 33976      33979      33981      33982 33983      Q0507      Q0508      Q0509			