

Prior Authorization Requirements for Pennsylvania Medicaid

Effective Aug. 1, 2024

General Information

This list contains prior authorization requirements for participating care providers with UnitedHealthcare Community Plan in Pennsylvania for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use 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 Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** 800-600-9007
- **Fax:** 877-310-3826

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care, as identified below.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Abortion	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	These services are carved out and are managed by the Behavioral Health Managed Care Organization (MCO) that covers the member's county of residence. For more information, please call the Member Services number on the back of the ID card.				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
BRCA genetic testing	Prior authorization required	81162	81432	81433	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
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, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.	<u>Antiemetics</u>			
		Fosaprepitant, 1 mg (Emend for Injection) J1453			
		Fosnetupitant 235 mg and palonosetron 0.25 mg J1454			
		Fosaprepitant (Teva) J1456			
		Granisetron, extended-release J1627			
		<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Eflapegrastim-xnst (Rolvedon®) J1449			
		Filgrastim (Neupogen®) J1442*			
		Filgrastim-aafi (Nivestym™) Q5110*			
		Filgrastim-ayow (Releuko®) Q5125*			
		Filgrastim-sndz (Zarxio®) Q5101*			
		Pegfilgrastim (Neulasta®) J2506*			
		Pegfilgrastim-appg, biosimilar (Nyvepria®) Q5122*			
		Pegfilgrastim-bmez (Ziextenzo®) Q5120*			
		Pegfilgrastim-cbqv (UDENYCA™) Q5111*			
Pegfilgrastim-jmdb (Fulphila™) Q5108*					
Sargramostim (Leukine®) J2820					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Cancer supportive care (cont.)		Tbo-filgrastim (Granix®) J1447*
		Trilaciclib (Cosela®) J1448*
		<u>Bone-modifying agent that requires prior authorization:</u>
		Denosumab (Xgeva®) J0897
		<u>Erythropoiesis-Stimulating Agents</u> J0885

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 Prior Authorization and Notification on your Provider Portal dashboard. Or, call **888-397-8129**.

Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance	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 Prior Authorization and Notification 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/PACommunityPlan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program

Cardiovascular	Prior authorization required for the codes listed.	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580	
		* Prior authorization 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
		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		

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		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
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
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: <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) 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 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 Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 .			
Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69930	L8614
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A4238	A4239	A9276*
		A9277*	A9278*	E0787	E2102
		E2103			
		*This code is for a product that is not reimbursable on the medical benefit. Requests for this product need to be submitted to OptumRx. Please contact the OptumRx Help Desk at 800-711-4555 for more information.			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Cosmetic and reconstructive	Prior authorization required	11960	14020**	14021**	14061**
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15820	15821	15822	15823
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		15830	15847	15877	15878*
		15879*	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		

*Gender Dysphoria may apply

** 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
C44.601	C44.602	C44.609	C44.611

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		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 cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0460	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
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i>	E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1825
		E2100	E2227	E2228	E2230
		E2298	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
E2511	E2512	E2599	E2626		
E2627	E2628	E2629	E2630		
E8000	E8001	E8002	K0005		
K0008	K0013	K0108	K0812		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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	T5999	V2786
		V5269	V5270	V5271	V5272
	V5274	V5281	V5282	V5283	
	V5286	V5287	V5288	V5290	
Enteral services	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A6000
		A9274	E0231	E1831	S0810
		S1030	S1031	S2102	S9988
		S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29916			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes , with the following DX codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		11950	11951	11952	11954
		11980	14000	14001	14041
		15734	15738	15750	15757
		15758	15775	15776	15777
		15780	15781	15782	15783
		15787	15788	15789	15792
		15793	15819	15824	15825
		15826	15828	15829	15832
		15833	15834	15835	15836
		15837	15838	15839	15876
		17380	19303	21083	21087
		21120	21122	21173	21270

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Gender dysphoria treatment (cont.)		21899	31599	31750	31899
		45399	45999	53410	53430
		54125	54520	54660	54690
		55175	55180	56625	56800
		56805	57110	57335	58541
		58554	58661	58720	58940
		58999	64856	64892	64896
	69300	90785	96372		
Genetic and molecular testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting. 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. 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.	0018U	0022U	0023U	0026U
		0055U	0060U	0087U	0088U
		0129U	0171U	0173U	0175U
		0179U	0209U	0214U	0215U
		0216U	0217U	0237U	0238U
		0245U	0250U	0262U	0265U
		81163	81164	81228	81229
		81277	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81431	81435
		81436	81437	81438	81439
		81440	81445	81448	81460
		81465	81479	81518	81519
81520	81521	81522	81546		
81595	81599	87505	87506		
87507	S3870				
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
Hospice	Prior authorization required	T2045			
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				
Human milk bank	Prior authorization required	T2101			
Injectable medications	Prior authorization required*	Actemra® J3262			

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

	Acthar®	
	J0801	
	Adakveo®	
	J0791	
	Aduhelm	
	J0172	
	Advate, Kogenate FS, Reombinate	
	J7192	
	Adynovate	
	J7207	
	Adzynma	
	J7171	
	Afstyla	
	J7210	
	Aldurazyme®	
	J1931	
	Alphanate	
	J7186	
	AlphaNine SD, Mononine	
	J7193	
	Alprolix	
	J7201	
	Altuviio	
	J7214	
	Amondys 45	
	J1426	
	Amvuttra™	
	J0225	
	Apretude	
	J0739	
	Aralast® NP, Prolastin-C®, Zemaira®	
	J0256	
	Aranesp	
	J0881	
	Arcalyst	
	J2793	
	Aveed	
	J3145	
	Avsola™	
	Q5121	
	Benefix, Ixinity	
	J7195	
	Benlysta	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J0490			
		Beovu			
		J0179			
		Berinert			
		J0597			
		Boniva (ibandronate)			
		J1740			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Briumvi®			
		J2329			
		Byooviz			
		Q5124			
		Cerezyme®			
		J1786			
		Chlorpromazine			
		J3230			
		Cimerli®			
		Q5128			
		Cimzia®*			
		J0717			
		Cinqair®			
		J2786			
		Cinryze®			
		J0598			
		Cinvanti			
		J0185			
		Coagadex			
		J7175			
		Corifact			
		J7180			
		Cortrophin® Gel			
		J0802			
		Cosentyx IV			
		J3247			
		Crysvita®			
		J0584			
		Cutaquig®			
		J1551			
		Daxxify			
		J0589			
		Depo-Testosterone (testosterone cypionate)			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)		J1071
		Durolane
		J7318
		Elaprase®
		J1743
		Elelyso®
		J3060
		Elevidys
		J1413
		Elfabrio
		J2508
		Eloctate
		J7205
		Enjaymo™
		J1302
		Entyvio®
		J3380
		Epogen, Procrit
		J0885
		Esperoct
		J7204
		Euflexxa
		J7323
		Evenity™
		J3111
		Evkeeza™
		J1305
		Exondys 51™
		J1428
		Eylea
	J0178	
	Eylea HD	
	J0177	
	Fabrazyme®	
	J0180	
	Fasenra™	
	J0517	
	Feiba NF	
	J7198	
	Fensolvi®	
	J1951	
	Feraheme®	
	Q0138	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)	Fibryga				
	J7177				
	Firmagon®				
	J9155				
	Fylnetra®				
	Q5130				
	Gamifant®				
	J9210				
	Gelsyn-3				
	J7328				
	Geodon (ziprasidone mesylate)				
	J3486				
	Givlaari®				
	J0223				
	Glassia				
	J0257				
	Haloperidol Decanoate				
	J1631				
	Hemgenix®				
	J1411				
	Hemlibra				
	J7170				
	Hemophilia clotting factor, not otherwise classified				
	J7199				
	Humate-P				
	J7187				
	Idelvion				
	J7202				
Ilaris®					
J0638					
Ilumya™					
J3245					
Inflectra®					
Q5103					
Injectafer®					
J1439					
IVIG					
90283	90284	J1459	J1554		
J1555	J1556	J1557	J1559		
J1561	J1566	J1568	J1569		
J1572	J1575	J1599			
Ixinity					
J7213					
Izervay					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)		J2782
		Jivi
		J7208
		Kalbitor®
		J1290
		Kanuma®
		J2840
		Koate, Hemofil M
		J7190
		Kovaltry
		J7211
		Korsuva®
		J0879
		Krystexxa®
		J2507
		Lamzede®
		J0217
		Lanreotide
		J1932
		Lemtrada®
		J0202
		Leqembi®
		J0174
		Leqvio®
		J1306
		Lucentis
		J2778
		Lumizyme®
		J0221
		Lupron Depot®
	J1950	
	Lupron Depot, Eligard®	
	J9217	
	Luxturna™	
	J3398	
	Mepsevii®	
	J3397	
	Miacalcin (calcitonin)	
	J0630	
	Mircera	
	J0888	
	Monoferric®	
	J1437	

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

	Naglazyme®	
	J1458	
	Nexviazyme®	
	J0219	
	Novoeight	
	J7182	
	NovoSeven RT	
	J7189	
	Nplate®	
	J2796	
	Nucala®	
	J2182	
	Nuwiq	
	J7209	
	Obizur	
	J7188	
	Ocrevus™	
	J2350	
	Octreotide Acetate	
	J2354	
	OmvoH IV	
	J2267	
	Onpattro™	
	J0222	
	Orencia®	
	J0129	
	Oxlumo™	
	J0224	
	Panzyga®	
	J1576	
	Parsabiv™	
	J0606	
	Phenergan (promethazine)	
	J2550	
	Pombiliti	
	J1203	
	Profilnine	
	J7194	
	Prolia® ***	
	J0897	
	Qalsody™	
	J1304	
	Radicava®	

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

J1301
Rebinyn
 J7203
Reblozyl®
 J0896
Reclast, Zoledronic Acid
 J3489
Releuko®
 Q5125
Remicade®
 J1745
Renflexis®
 Q5104
Retacrit
 Q5106
Riabni™
 Q5123
RiaSTAP
 J7178
Rituxan®
 J9312
Rituxan Hycela®
 J9311
Rixubis
 J7200
Roctavian
 J1412
Rolvedon™
 J1449
Ruconest®
 J0596
Ruxience®
 Q5119
Ryplazim®
 J2998
Rystiggo
 J9333
Sandostatin® LAR
 J2353
Saphnelo®
 J0491
Scenesse®
 J7352

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)	SevenFACT				
	J7212				
	Signifor® LAR				
	J2502				
	Simponi Aria®				
	J1602				
	Skyrizi®				
	J2327				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®				
	J1300				
	Somatuline® Depot				
	J1930				
	Spinraza™				
	J2326				
	Spravato®				
	S0013				
	Spevigo®				
	J1747				
	Stelara				
	J3358				
	Stimufend®				
	Q5127				
	Sublocade™				
	Q9991			Q9992	
Sunlenca®					
J1961					
Supprelin® LA					
J9226					
Susvimo					
J2779					
Syfovre®					
J2781					
Synagis®					
90378					
Tepezza®					
J3241					
Testopel					
S0189					
Testosterone Enanthate					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)		J3121			
	Tezspire™				
		J2356			
		Therapeutic radiopharmaceuticals			
		A9607			
		Tigan			
		J3250			
		Trelstar®			
		J3315			
		Tretten			
		J7181			
		Triptodur®			
		J3316			
		Trogarzo™			
		J1746			
		Truxima®			
		Q5115			
		Tysabri®			
		J2323			
		Tzield™			
		J9381			
		Ultomiris™			
		J1303			
		Unclassified codes**			
		C9159	C9160	C9399	J3490
		J3590			
		Uplizna®			
		J1823			
		Vabysmo			
		J2777			
		Veopoz			
		J9376			
		Viltepso™			
	J1427				
	Vimizim®				
	J1322				
	Visudyne				
	J3396				
	Vonvendi				
	J7179				
	VPRIV®				
	J3385				
	Vyepti™				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)		J3032			
	Vyjuvek	J3401			
	Vyondys 53®	J1429			
	Vyvgart™	J9332			
	Vyvgart Hytrulo	J9334			
	White blood cell colony stimulating factors***				
		J1442	J1447	J1448	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122		
	Wilate				
		J7183			
	Xembify®	J1558			
	Xenpozyme™	J0218			
	Xolair®	J2357			
	Xyntha	J7185			
	Zinplava	J0565			
	Zoladex®	J9202			
	Zolgensma®	J3399			
	Zyprexa	J2359			

*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 tool on your Provider Portal dashboard. Or call 888-397-8129.

** For unclassified and temporary codes C9151, C9160, C9399, J3490 and J3590, prior authorization is only required for Nulibry, Rivfloza and Revcovi

*** For code J0897, prior authorization is required for non oncology indications.

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*

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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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.

Inpatient admission	Notification required for admissions	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> Acute care hospitals Acute inpatient rehabilitation Critical access hospitals Long-term acute care hospitals Skilled nursing facilities 			
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		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 orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
	L6400	L6450	L6500	L6550	
	L6570	L6580	L6582	L6584	
	L6586	L6588	L6590	L6621	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	
Pediatric day services (PDHC)	Prior authorization required	T1024			
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
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 Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. To request prior authorization, please call 866-889-8054.</p> <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 Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/PACommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>			
Rhinoplasty and septoplasty Treatment of nasal functional	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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impairment and septal deviation

Sinuplasty	Prior authorization required	31295	31296	31297	31298
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Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	Auditory system			
		69205			
		Cardiovascular system			
		36590	36832		
		Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive system			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Eye and ocular adnexa			
		65710	65820	66250	66710
		66711	66825	66986	66987
66988	67010	67041	67042		
67105	67108	67113	67840		
68110	68115	68320	68720		
68815					
Female genital system					
57240	57250	57461	57520		
58561	58562				
Gynecologic procedures					
57522	58353	58558	58563		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Site of service (SOS) – outpatient hospital (cont.)	58565				
	Hemic and lymphatic system				
	38500	38510	38525		
	Hernia repair				
	49505	49650	49651		
	Integumentary system				
	10121	11440	11450	11624	
	11770	13121	15100	15120	
	15240	19020	19120	19125	
	Liver biopsy				
	47000				
	Male genital system				
	54840				
	Miscellaneous				
	20680				
	Musculoskeletal system				
	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	
	29876	29877	29879	29880	
	29881	29882	29888	29893	
	G0260				
	Nervous system				
64561	64640				
Ophthalmologic					
65426	65730	65855	66170		
66761	67028	67036	67040		
67228	67311	67312			
Respiratory system					
30802	30930	31525	31535		
31536	31541	31624			
Tonsillectomy and adenoidectomy					
42820	42821	42825	42826		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Site of service (SOS) – outpatient hospital (cont.)		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	
		Urinary System			
		52276	52287	52320	52344
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
	55040	55700	57288		

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	63003	63005	22899
		63001	63015	63016	63011
		63012	63030	63040	63017
		63020	63046	63047	63042
		63045	63056	63064	63050
		63055	63081	63085	63075
		63077	63101	63102	63087
		63090	63173	63185	63170
63172	63200	63250	63190		
63191	63265	63267	63251		
63252	63271	63272	63268		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Spinal surgery (cont.)		63270	63301	63302	63286
		63300	63305	63306	63303
		63304	0098T	63307	63308

*SOS also applies

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	

Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecl), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and 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	
		38232*	38240	38241	38242	
		44132	44133	44135	44136	
		44137	44715	44720	44721	
		47133	47135	47140	47141	
		47142	47143	47144	47145	
		47146	47147	48551	48552	
		48554	50300	50320	50323	
		50325	50340	50360	50365	
		50370	50547	S2060	S2061	
		S2152				
			CAR T-Cell therapy			
			0537T	0538T	0539T	0540T
			Q2041	Q2042	Q2053	Q2054
			Q2055	Q2056		
			Gene therapy			
			C9399**	J3490**	J3590**	J3393
			J3394			

*Code 38232 will only require prior authorization for an oncology diagnosis

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<p>** : For unclassified codes C9399, J3490 and J3590 Amtagvi, Casgevy, Lantidra, Lenmeldy and Skysona™ will require prior authorization through Optum Transplant.</p>					
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473 37718 37780	36475 37722	36478 37765	37700 37766
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 ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
		33927 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509
Wound vac	Prior authorization required	E2402			