

Prior authorization requirements for Pennsylvania CHIP Medicaid

Effective Sept. 1, 2023

General Information

This list contains prior authorization requirements for participating care providers with UnitedHealthcare Community Plan in Pennsylvania CHIP 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	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the back of the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
BRCA genetic testing	Prior authorization required	81162 81166 81433	81163 81212	81164 81216	81165 81432
Breast reconstruction (non-mastectomy) Reconstruction of the	Prior authorization required	11971 19328	19316 19330	19318 19340	19325 19342

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
breast except when following mastectomy		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	<p><u>Antiemetics</u></p> <p>Fosaprepitant, 1 mg (Emend for Injection) J1453</p> <p>Fosaprepitant (Teva) J1456</p> <p>Fosnetupitant 235 mg and palonosetron 0.25 mg J1454</p> <p>Granisetron, extended-release J1627</p> <p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Eflapegrastim-xnst (Rolvedon®) – Eff 10/1/23 J1449</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-ayow (Releuko®) Q5125*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-appgf, biosimilar (Nyvepria®) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®)</p>
	*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.	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Cancer supportive care (cont.)		J1447*
		Trilaciclib (Cosela®) J1448*

Bone-modifying agent that requires prior authorization:
Denosumab (Xgeva®)
 J0897
Erythropoiesis-Stimulating Agents – Eff 10/1/23
 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, echocardiograms, electrophysiology implants and stress echoes prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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
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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		
I70.444	I70.445	I70.448	I70.449		



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		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			
Cosmetic and reconstructive	Prior authorization required	11960	14020**	14021**	14061**
Cosmetic procedures that change or improve physical appearance without significantly improving or		15820	15821	15822	15823
		15830	15847	15877	15878*
		15879*	17106	17107	17108

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
restoring physiological function	17999	21137	21138	21139	
		21175	21179	21180	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function	21181	21182	21183	21184	
		21230	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
C44.612	C44.619	C44.621	C44.622
C44.629	C44.691	C44.692	C44.699
C44.701	C44.702	C44.709	C44.711

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Cosmetic and reconstructive (cont.)		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			E0465	E0466	E0470	
E0471			E0483	E0486	E0620	
Prosthetics are not DME – see <i>Orthotics and prosthetics</i>			E0636	E0637	E0652	E0656
			E0669	E0670	E0675	E0693
			E0694	E0700	E0710	E0745
			E0762	E0764	E0766	E0784
			E0984	E0986	E1002	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	E2300	
		E2301	E2310	E2311	E2322	
		E2325	E2327	E2329	E2331	
		E2351	E2373	E2510	E2511	
		E2512	E2599	E2626	E2627	
		E2628	E2629	E2630	E8000	
E8001		E8002	K0005	K0008		
K0013		K0108	K0812	K0830		
K0831		K0848	K0849	K0850		
K0851		K0852	K0853	K0854		
K0855		K0856	K0857	K0858		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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 In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		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
		21899	31599	31750	31899
		45399	45999	53410	53430
		54125	54520	54660	54690

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Gender dysphoria treatment (cont.)		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	81105	81106	81107	81108
	performed in an outpatient setting	81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81170	81171	81172	81173
	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.	81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81203
		81204	81205	81208	81209
		81212	81216	81218	81220
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
		81234	81236	81237	81238
		81239	81240	81241	81242
	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.	81243	81244	81245	81246
		81247	81248	81249	81250
		81251	81252	81253	81254
		81255	81256	81257	81258
		81259	81260	81261	81262
		81263	81264	81265	81266
		81267	81268	81269	81271
		81272	81273	81274	81276
		81277	81283	81284	81285
		81286	81287	81288	81289
		81290	81291	81292	81294
		81295	81297	81298	81300
		81302	81303	81304	81305
	81306	81310	81312	81313	
	81314	81315	81316	81317	
	81318	81319	81320	81321	
	81322	81323	81324	81325	
	81326	81327	81328	81329	
	81330	81331	81332	81333	
	81334	81335	81336	81337	
	81340	81341	81342	81343	
	81344	81345	81346	81350	
	81355	81361	81362	81363	
	81364	81370	81371	81372	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic and molecular testing (cont.)		81373	81375	81376	81377
		81378	81379	81380	81381
		81382	81383	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81445
		81448	81460	81465	81470
		81471	81479	81518	81519
		81520	81521	81522	81546
		81595	81599	87505	87506
		87507	87623	0001U	0004M
		0016U	0017U	0018U	0022U
		0023U	0026U	0027U	0030U
		0031U	0032U	0033U	0034U
		0040U	0046U	0049U	0055U
		0060U	0070U	0071U	0072U
		0073U	0074U	0075U	0076U
		0084U	0087U	0088U	0129U
		0171U	0173U	0175U	0179U
		0209U	0214U	0215U	0216U
		0217U	0237U	0238U	0245U
	0250U	0262U	0265U	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
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			
		J0791			
		Aduhelm			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Injectable medications (cont.)	J0172			
	Advate, Kogenate FS, Reombinate			
	J7192			
	Adynovate			
	J7207			
	Afstyla			
	J7210			
	Aldurazyme®			
	J1931			
	Alphanate			
	J7186			
	AlphaNine SD, Mononine			
	J7193			
	Alprolix			
	J7201			
	Amondys 45			
	J1426			
	Amvuttra Σ			
	J0225			
	Apretude			
	J0739			
	Aralast® NP, Prolastin-C®, Zemaira®			
	J0256			
	Aranesp			
	J0881			
	Arcalyst			
	J2793			
	Aveed			
	J3145			
	Avsola™			
	Q5121			
	Bene fix, Ixinity			
	J7195			
	Benlysta			
	J0490			
	Beovu			
	J0179			
	Berinert			
	J0597			
	Boniva (ibandronate)			
J1740				
Botulinum toxins				
J0585	J0586	J0587	J0588	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Brineura™ J0567 Briumvi® (Eff 10/1/23) J2329 Byooviz Q5124 Cerezyme® J1786 Chlorpromazine J3230 Cimerli Q5128 Cimzia® J0717 Cinqair® J2786 Cinryze® J0598 Coagadex J7175 Corifact J7180 Crysvita® J0584 Cutaquig® J1551 Depo-Testosterone (testosterone cypionate) J1071 Durolane J7318 Elaprase® J1743 Elelyso® J3060 Eloctate J7205 Enjaymo™ J1302 Entyvio® J3380 Epogen, Procrit J0885 Esperoct J7204

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Euflexxa J7323
		Evenity ∑ J3111
		Evkeeza™ J1305
		Exondys 51™ J1428
		Eylea J0178
		Fabrazyme® J0180
		Fasenra™ J0517
		Feiba NF J7198
		Fensolvi® J1951
		Feraheme® Q0138
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	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				
	Jivi				
	J7208				
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Koate, Hemofil M				
	J7190				
	Kovaltry				
	J7211				
	Korsuva®				
J0879					
Krystexxa®					
J2507					
Lanreotide					
J1932					
Lemtrada®					
J0202					
Leqembi®					
J0174					
Leqvio®					
J1306					
Lucentis					
J2778					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization	
Injectable medications (cont.)	Lumizyme®		
	J0221		
	Lupron Depot®		
	J1950		
	Lupron Depot, Eligard®		
	J9217		
	Luxturna™		
	J3398		
	Makena®		
	J1726	J1729	J2675
	Mepsevii®		
	J3397		
	Miacalcin (calcitonin)		
	J0630		
	Mircera		
	J0888		
	Monoferric®		
	J1437		
	Naglazyme®		
	J1458		
	Nexviazyme®		
	J0219		
	Novoeight		
	J7182		
	NovoSeven RT		
	J7189		
	Nplate®		
	J2796		
	Nucala®		
	J2182		
	Nuwiq		
	J7209		
	Obizur		
	J7188		
	Ocrevus™		
	J2350		
	Octreotide Acetate		
	J2354		
	Onpattro™		
	J0222		
	Orencia®		
	J0129		
	Oxlumo™		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		<p>J0224 Panzyga® J1576 Parsabiv™ J0606 Phenergan (promethazine) J2550 Probuphine® J0570 Profilnine J7194 Prolia® *** J0897 Radicava® 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 Rolvedon J1449 Ruconest® J0596</p>

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Ruxience®				
	Q5119				
	Ryplazim®				
	J2998				
	Sandostatin® LAR				
	J2353				
	Saphnelo®				
	J0491				
	Scenesse®				
	J7352				
	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				
	Spevigo				
	J1747				
Spinraza™					
J2326					
Spravato®					
S0013					
Stelara					
J3358					
Stimufend					
Q5127					
Sublocade™					
Q9991	Q9992				
Sunlenca					
J1961					
Supprelin® LA					
J9226					
Susvimo					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Injectable medications (cont.)	J2779 Synagis®* 90378			
	Tepezza® J3241			
	Testopel S0189			
	Testosterone Enanthate J3121			
	Tezspire™ J2356			
	Therapeutic Radiopharmaceuticals A9607			
	Tigan J3250			
	Trelstar® J3315			
	Tretten J7181			
	Triptodur® J3316			
	Trogarzo™ J1746			
	Truxima® Q5115			
	Tzield™ J9381			
	Tysabri® J2323			
	UltomirisΣ J1303			
	Unclassified codes** C9399	J3490	J3590	C9149
	Uplizna® J1823			
	Vabysmo J2777			
	Viltepso™ J1427			
	Vimizim® J1322			
	Visudyne			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)		J3396			
		Vonvendi			
		J7179			
		VPRIV®			
		J3385			
		Vyepti™			
		J3032			
		Vyondys 53®			
		J1429			
		Vyvgart™			
		J9332			
		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 (olanzapine)				
	S0166				

*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 C9399, J3490 and J3590, prior authorization is only required for Nulibry™, Purified Cortrophin™ Gel, Revcovi and Syfovre™

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

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

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 Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		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 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 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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		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	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Orthotics and prosthetics (cont.)		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	L8040
	L8042	L8043	L8044	L8045	
	L8046	L8047	L8499	L8609	
	L8610	L8612	L8631	L8659	

Pediatric day services (PDHC)	Prior authorization required	T1024			
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Private duty nursing	Prior authorization required	T1000	T1002	T1003	
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Potentially Unproven Services	Prior authorization required	33289	C2624		
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Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	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
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Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <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>
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For more details and the CPT codes that require prior authorization,



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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please visit UHCprovider.com/PACommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.

Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Sinuplasty	Prior authorization required	31295	31296	31297	31298
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Site of service (SOS) –	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Site of service (SOS) – outpatient hospital (cont.)	68815			
	Female Genital System			
	57240	57250	57461	57520
	58561	58562		
	Gynecologic procedures			
	57522	58353	58558	58563
	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Site of service (SOS) – outpatient hospital (cont.)		67228	67311	67312		
		Respiratory System				
		30802	30930	31525	31535	
		31536	31541	31624		
		Tonsillectomy and adenoidectomy				
		42820	42821	42825	42826	
		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	22864	22865	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	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization					
Spinal surgery (cont.)		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	0095T	0098T	0164T		
			*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 Maralucecel), 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						

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplants (cont.)		C9399**	C9400**	J3490**	J3590**
		*Code 38232 will only require prior authorization for an oncology diagnosis ** For unclassified codes C9399, J3490 and J3590 Skysona™ and Zynteglo™ will require prior authorization through Optum Transplant.			
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
Ventricular assist devices (VAD)	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 .			
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			