

Prior authorization requirements for Rhode Island Medicaid

Effective March 1, 2026

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Rhode Island health care professionals providing inpatient and outpatient services. Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **855-766-0344**

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Adult day services	Prior authorization required	S5102			
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
Behavioral health services	Prior authorization is not required for routine outpatient services.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services			
Behavioral health services through a designated behavioral health network	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
Bone growth stimulator	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19325	19328

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (cont.) Reconstruction of the breast, except when following mastectomy		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	11971
		Prior Auth NOT required for diagnosis codes listed below:			
		C50.011	C50.012	C50.019	C50.021
		C50.022	C50.029	C50.111	C50.112
		C50.119	C50.121	C50.122	C50.129
		C50.211	C50.212	D05.219	D05.221
		D05.222	C50.229	C50.311	C50.312
		C50.319	C50.321	C50.322	C50.329
		C50.411	C50.412	C50.419	C50.421
		C50.422	C50.429	C50.511	C50.512
		C50.519	C50.521	C50.522	C50.529
		C50.611	C50.612	C50.619	C50.621
		C50.622	C50.629	C50.811	C50.812
		C50.819	C50.821	C50.822	C50.829
		C50.911	C50.912	C50.919	C50.921
		C50.922	C50.929	C79.81	D05.00
	D05.01	D05.02	D05.10	D05.11	
	D05.12	D05.80	D05.81	D05.82	
	D05.90	D05.91	D05.92	Z42.1	
	Z85.3	Z90.10	Z90.11	Z90.12	
	Z90.13				
Cancer supportive services	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis (Dx)</p> <p>*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, and Q5148 also require prior authorization for non-oncology Dx. See Injectable medications section below.</p>	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Eflapegrastim-xnst (Rolvedon) 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-apgf, biosimilar (Nyvepria) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo)</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																				
Cancer supportive services (cont.)		<p>Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA)</p> <p>Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila)</p> <p>Q5108</p> <p>Sargramostim (Leukine)</p> <p>J2820</p> <p>Tbo-filgrastim (Granix)</p> <p>J1447*</p> <p>Trilaciclib (Cosela)</p> <p>J1448*</p> <p><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u></p> <p>J0885 (Procrit)</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva)</p> <p>J0897</p> <p><u>Antiemetic codes that require prior authorization:</u></p> <p>J0185 J1453 J1454 J1627</p> <p>J1456 J1434 J2468</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.</p>																				
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes, prior to performance	<p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please see Cardiology Prior Authorization and Notification.</p>																				
Cardiovascular	Prior authorization required for lower extremities angiogram	<p>93580</p> <p>No prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.52</td> <td>E09.52</td> <td>E10.52</td> <td>E11.52</td> </tr> <tr> <td>E13.52</td> <td>I70.221</td> <td>I70.222</td> <td>I70.223</td> </tr> <tr> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> <td>I70.232</td> </tr> <tr> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> <td>I70.238</td> </tr> <tr> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> <td>I70.243</td> </tr> </table>	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
E08.52	E09.52	E10.52	E11.52																			
E13.52	I70.221	I70.222	I70.223																			
I70.228	I70.229	I70.231	I70.232																			
I70.233	I70.234	I70.235	I70.238																			
I70.239	I70.241	I70.242	I70.243																			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
	Cerebral seizure monitoring - Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712
Prior authorization is not required for outpatient hospital or ambulatory surgical center		95714	95715	95716	95718
		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	<p>Injectable chemotherapy drugs that require prior authorization:</p> <p>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) Leuprolide Acetate (J1954) Lanreotide (J1932) J1299, J1323, J1326, J2277, J3055, J3263</p> <p>Chemotherapy injectable drugs that have a Q code</p> <p>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</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A4239	A9276*	A9277*
		A9278* E2102	E0787	E2103	
Prior authorization is required with the following Type 2 and gestational diabetes Dx codes:					
		E11.00	E11.01	E11.10	E11.11
		E11.21	E11.22	E11.29	E11.311
		E11.319	E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		

*This code is for a product that is not reimbursable on the medical benefit. Requests for this product need to be

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Continuous glucose monitor (cont.) submitted to OptumRx. Please contact the OptumRx Help Desk at 800-711-4555 for more information.

Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.	Prior authorization required	11960	14020	14021	14061
		15820	15821	15822	15823
		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		
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67966	Q2026		

Prior authorization not required when billed with the following Dx codes below:

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211
C44.212	C44.219	C44.221	C44.222
C44.229	C44.291	C44.292	C44.299
C44.300	C44.301	C44.309	C44.310
C44.311	C44.319	C44.320	C44.321
C44.329	C44.390	C44.391	C44.399
C44.40	C44.41	C44.42	C44.49
C44.500	C44.501	C44.509	C44.510
C44.511	C44.519	C44.520	C44.521
C44.529	C44.590	C44.591	C44.599
C44.601	C44.602	C44.609	C44.611
C44.612	C44.619	C44.621	C44.622

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont.)		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 DME codes listed with a retail purchase or cumulative rental cost of more than \$500 Prosthetics are not DME – see Orthotics and prosthetics.	A9279	A9280	A9900
E0265			E0266	E0270	E0277
E0300			E0328	E0329	E0445
E0457			E0465	E0466	E0470
E0471			E0483	E0486	E0620
E0636			E0637	E0652	E0656
E0669			E0670	E0675	E0693
E0694			E0700	E0710	E0745
E0762			E0764	E0766	E0784
E0984			E0986	E1002	E1003
E1004			E1005	E1006	E1007
E1008			E1009	E1010	E1030
E1035			E1036	E1130	E1161
E1229			E1231	E1232	E1233
E1234			E1235	E1236	E1237
E1238			E1239	E1825	E2100
E2227			E2228	E2230	E2301
E2310			E2311	E2322	E2325
E2327			E2329	E2331	E2351
E2373			E2510	E2511	E2512
E2599	E2626	E2627	E2628		
E2629	E2630	E8000	E8001		
E8002	K0005	K0008	K0013		
K0108	K0812	K0830	K0831		
K0848	K0849	K0850	K0851		
K0852	K0853	K0854	K0855		
K0856	K0857	K0858	K0859		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME)		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	T1999	E2298
		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		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	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	14000	14001	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58150	58180
		58260	58262	58290	58291
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
		58661	58720	58940	64856
64892	64896	55970	55980		
These surgical codes with the following Dx codes do require a prior auth:					
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular	81162	81229	81402	81403
		81407	81408	81410	81411
		81415	81416	81417	81425

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (cont.)	testing performed in an outpatient setting Health care professionals 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 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.	81426	81431	81432	81441
		81443	81445	81448	81449
		81450	81451	81455	81457
		81458	81459	81460	81462
		81463	81464	81465	81479
		81518	81519	81520	81521
		81522	81523	81546	87507
		0006M	0007M	0026U	0060U
		0037U	0047U	0048U	0050U
		0171U	0172U	0179U	0211U
		0239U	0252U	0253U	0254U
		0260U	0262U	0264U	0266U
		0267U	0287U	0296U	0297U
		0298U	0299U	0300U	0364U
		Home health care	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300
G0495	G0496			S9122	S9123
S9124	S9474				
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
Injectable medications	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .	Actemra			
		J3262			
		Acthar			
		J0801			
		Adakveo			
		J0791			
		Adzynma			
		J7171			
		Aldurazyme			
		J1931			
Alhemo					
J7173					
Alyglo					
J1552					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		Amondys 45			
		J1426			
		Amvuttra			
		J0225			
		Aralast NP, Prolastin – C, Zemaira			
		J0256			
		Avsola			
		Q5121			
		Avtozma			
		Q5156			
		Azmiro			
		J1072			
		Benlysta			
		J0490			
		Beovu			
		J0179			
		Beqvez			
		J1414			
		Berinert			
		J0597			
		Bkemv			
		Q5152			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura			
		J0567			
		Briumvi			
		J2329			
		Byooviz			
		Q5124			
	Cerezyme				
	J1786				
	Cimerli				
	Q5128				
	Cimzia				
	J0717				
	Cinqair				
	J2786				
	Cinryze				
	J0598				
	Conexxence				
	Q5158				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		<p>Cosentyx J3247</p> <p>Crysvita J0584</p> <p>Cutaquig J1551</p> <p>Daxxify J0589</p> <p>Elaprase J1743</p> <p>Elelyso J3060</p> <p>Elevidys J1413</p> <p>Elfabrio J2508</p> <p>Encelto J3403</p> <p>Enjaymo J1302</p> <p>Entyvio J3380</p> <p>Epysqli Q5151</p> <p>Evenity J3111</p> <p>Evkeeza J1305</p> <p>Exondys 51 J1428</p> <p>Eylea HD J0177</p> <p>Eylea J0178</p> <p>Fabrazyme J0180</p> <p>Fasenra J0517</p> <p>Fensolvi J1951</p> <p>Feraheme Q0138</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		Firmagon			
		J9155			
		Fynetra			
		Q5130			
		Gamifant			
		J9210			
		Givlaari			
		J0223			
		Glassia			
		J0257			
		Hemgenix			
		J1411			
		Hemlibra			
		J7170			
		Hypavzi			
		J7172			
		Ilaris			
		J0638			
		Ilumya			
		J3245			
		Imuldosa IV			
		Q5098			
		Inflectra			
		Q5103			
		Injectafer			
		J1439			
		IVIG			
		90283	90284	J1459	J1554
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Izervay				
	J2782				
	Jubbonti				
	Q5136				
	Kalbitor				
	J1290				
	Kanuma				
	J2840				
	Kisunla				
	J0175				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		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 Lutrate_Depot**** J1954 Luxturna J3398 Mepsevii J3397 Monoferric J1437 Naglazyme J1458 Nexviazyme J0219 Niktimvo J9038 Nplate J2802 Nucala J2182 Nulibry J1809

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		<p>Nypozi Q5148</p> <p>Ocrevus J2350</p> <p>Ocrevus Zunovo J2351</p> <p>Octreotide Acetate J2354</p> <p>OmvoH J2267</p> <p>Onpattro J0222</p> <p>Orencia J0129</p> <p>Otufi IV Q9999</p> <p>Oxlumo J0224</p> <p>Panzyga J1576</p> <p>Parsabiv J0606</p> <p>Pavblu Q5147</p> <p>Piasky J1307</p> <p>Pombiliti J1203</p> <p>Prolia J0897</p> <p>Purified Cortrophin Gel J0802</p> <p>Pyzchiva IV Q9997</p> <p>Qalsody J1304</p> <p>Qfitlia J7174</p> <p>Radicava J1301</p> <p>Reblozyl J0896</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		Releuko			
		Q5125			
		Remicade			
		J1745			
		Renflexis			
		Q5104			
		Riabni			
		Q5123			
		Rituxan			
		J9312			
		Rituxan Hycela			
		J9311			
		Roctavian			
		J1412			
		Rolvedon			
		J1449			
		Ruconest			
		J0596			
		Ruxience			
		Q5119			
		Ryplazim			
		J2998			
		Rystiggo			
		J9333			
		Sandostatin LAR			
		J2353			
		Saphnelo			
		J0491			
		Scenesse			
		J7352			
		Selarsdi			
		Q9998			
		Signifor LAR			
		J2502			
		Simponi Aria			
		J1602			
		Skyrizi			
		J2327			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		Soliris
		J1299
		Somatuline Depot
		J1930
		Spevigo
		J1747
		Spinraza
		J2326
		Spravato
		J0013
		Stelara
		J3358
		Steqeyma IV
		Q5099
		Stimufend
		Q5127
		Stoboclo
		Q5157
		Supprelin LA
		J9226
		Susvimo
		J2779
		Syfovre
		J2781
		Synagis*
		90378
		Tepezza
		J3241
		Tezspire
		J2356
	Therapeutic Radiopharmaceuticals***	
	A9513 A9590 A9606 A9699	
	A9607 A9615	
	Tofidence	
	Q5133	
	Trelstar	
	J3315	
	Tremfya IV	
	J1628	
	Triptodur	
	J3316	
	Truxima	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		Q5115			
		Tyenne			
		Q5135			
		Tzield			
		J9381			
		Ultomiris			
		J1303			
		Unclassified codes**			
		J3490	J3590	C9399	
		Uplizna			
		J1823			
		Vabysmo			
		J2777			
		Veopoz			
		J9376			
		Viltepso			
		J1427			
		Vimizim			
		J1322			
		Vyepti			
		J3032			
		Vyjuvek			
		J3401			
		Vyondys 53			
		J1429			
		Vyvgart			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Wezlana IV			
		Q5138			
		White blood cell colony stimulating factors*****			
	J1442	J1447	J1448	J2506	
	Q5101	Q5108	Q5110	Q5111	
	Q5120	Q5122			
	Xembify				
	J1558				
	Xenpozyme				
	J0218				
	Xolair				
	J2357				
	Yesintek IV				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		<p>Q5100 Zoladex J9202 Zolgensma J3399</p> <p>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 and Drug Administration (FDA). They're also included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on this list.</p> <p>*Please obtain prior notification for Cimzia, and Synagis through OptumRx prior notifications services at 800-310-6826.</p> <p>**For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is required for Casgevy, Kebilidi, Lantidra, Revcovi, Rivfloza, Starjemza, and Xenpozyme.</p> <p>*** Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.</p> <p>Prior authorization is not required for ESRD diagnosis.</p> <p>****For code J1954, Cancer DX is excluded from prior auth.</p> <p>*****For codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology Dx.</p> <p>For oncology Dx please see Cancer supportive care section above.</p> <p>For non-oncology Dx, submit online at UHCProvider.com using the Prior Authorization and Notification tool on your dashboard. Or, you can connect with us 24/7 using our Contact us page.</p>

Inpatient admissions Notification with service detail required (e.g., CPT/HCPCS code)

Inpatient admissions – post- acute services – Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals
- Long-term acute care hospitals

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Inpatient admissions – post-acute services (cont.)	• Skilled nursing facilities				
Joint replacement	Prior authorization required	24360	24361	24362	24363
Joint, total hip and knee replacement procedures		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Musculoskeletal	Prior authorization required	Shoulder surgery			
		23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Occupational/physical therapy	Prior authorization required after the initial evaluation and before the initial therapy visit, and is required for all on going therapy visits.	97012	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97139	97140
		97150	97530	97533	97535
	Note: Only members 3 years of age and older require a prior auth.	97537	97542	97545	97546
		97750	97755	97760	97761
		97799			
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L1755	L1820	L1832	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		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	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
	L7181	L7185	L7186	L7190	
	L7191	L7405	L8040	L8042	
	L8043	L8044	L8045	L8046	
	L8047	L8499	L8609	L8610	
	L8612	L8631	L8659		
Potentially unproven services	Prior authorization required	33289	C2624		
Private duty nursing	Prior authorization required	T1000			
Prostate procedure	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Radiology (cont.)	Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please see Radiology Prior Authorization and Notification .
Radiation therapy	Prior authorization required	<p>IGRT 77387</p> <p>Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525</p> <p>Special/Associated Services 77331 77370 77399 77470</p> <p>SRS/SBRT 77371 77372 77373</p> <p>Radiation Treatment Delivery 77402* 77407 77412</p> <p>*Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation:</p> <p>Bone Mets - ICD10: C79.51, C79.52</p> <p>Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A</p> <p>Prostate - ICD10: C61</p> <p>Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation therapy (cont.)		Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92			
		Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445 S2095 Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 .			
Septoplasty and rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Shoulder surgery	Prior authorization required	Musculoskeletal System			
		29805	29806	29807	29819
	SOS applies to all codes in this category	29820	29822	29823	29824
		29825	29826	29827	29828
Sinuplasty	Prior authorization required	31295	31296	31297	31298
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 66987 66988			
		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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont.)		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	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		Gynecologic procedures			
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		Hemic and Lymphatic Systems			
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont.)		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	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	
	42830				
	Upper and lower gastrointestinal endoscopy				
	43235	43239	43249		
	Urologic procedures				
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52276	52281	52287	52310	
	52320	52332	52344	52351	
	52352	52353	52356	54161	
	55040	57288			
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Sleep studies	Prior authorization required	95805	95807	95808	95810
		95811			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Speech therapy	Prior authorization required after the initial evaluation and before the initial therapy visit, and is required for all on going therapy visits.	92507	92508	92526	
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Note: Only members 3 years of age and older require a prior auth.

Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
63302	63303	63304	63305		
63306	63307	63308	0098T		
*SOS also applies					

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services, including Abecma (Idecaptagene Cicleucel), Breyanzi (Lisocabtagene Maraluecel), Carvykti (ciltacabtagene autoleucel), 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 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	J3392	J3393	J3394		
		J3391	Q2058	J3402	J3387		
		J3389					
		CAR T-Cell Therapy					
		Q2056	Q2041	Q2042	Q2053		
		Q2054	Q2055	Q2057			
		Gene Therapy					
		J3490***	J3590***	C9399***			
		* Code 38232 will only require prior authorization for an oncology diagnosis					
		***For Unclassified codes J3490, J3590, and C9399, Amtagvi will require Prior Authorization through Optum Transplant.					
		Vein procedures	Prior authorization required	36473	36475	36478	37700
				37718	37722	37765	37766
37780							

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Vein procedures (cont.)		
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		
Wound vac	Prior authorization required	E2402