

# Prior Authorization Requirements for Virginia Cardinal Care Medicaid

Effective February 1, 2023

## General Information

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

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://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:** Call 844-284-0146.

**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.**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Bariatric surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	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 member's health plan ID card when referring for mental health and substance abuse/substance use services.  For ABA Therapy, submit via fax or Provider Express.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	11971
<b>Cancer supportive care</b>	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis  *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-	<b><u>Injectable Colony-Stimulating Factor Drugs That Require Prior Authorization:</u></b>			
		<b>Bio similar (Zarxio®)</b> Q5101*			
		<b>Filgrastim (Neupogen®)</b> J1442*			
		<b>Filgrastim-aafi (Nivestym™)</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive care (continued)	oncology DX. See Injectable medications section below.	<p>Q5110*</p> <p><b>Filgrastim-ayow, (Releuko®)</b></p> <p>Q5125*</p> <p><b>Pegfilgrastim-apgf, (Nyvepria®)</b></p> <p>Q5122*</p> <p><b>Pegfilgrastim (Neulasta®)</b></p> <p>J2506</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b></p> <p>Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b></p> <p>Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b></p> <p>Q5108*</p> <p><b>Sargramostim (Leukine®)</b></p> <p>J2820</p> <p><b>Tbo-filgrastim (Granix®)</b></p> <p>J1447*</p> <p><b><u>Bone-Modifying Agent That Requires Prior Authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b></p> <p>J0897</p> <p>Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p>

<b>Cardiology</b>	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/VACommunityplan">UHCprovider.com/VACommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</p>
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<b>Cardiovascular</b>	Prior authorization is required	<p>37220*    37221*    37224*    37225*</p> <p>37226*    37227*    37228*    37229*</p> <p>37230*    37231*    93580*</p> <p>*No prior authorization required for the following diagnosis codes:</p> <p>E08.52    E09.52    E10.52    E11.52</p>
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (continued)</b>		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	
		M86.561	M86.562	M86.571	M86.572	
		M86.579	M86.58	M86.59	M86.60	
		M86.651	M86.652	M86.659	M86.661	
		M86.662	M86.669	M86.671	M86.672	
		M86.679	M86.68	M86.69	M86.8X0	
		M86.8X5	M86.8X6	M86.8X7	M86.8X8	
		M86.8X9	M86.9	I96	L03.115	
		L03.116	Q27.30	Q27.32	Q27.39	
		Q27.8	Q27.9	Q87.2	S35.511A	
		S35.512A	T82.312A	T82.318A	T82.319A	
		T82.338A	T82.392A	T82.398A	T82.399A	
		T82.898A	I73.00	I73.01	I73.1	
		I73.81				
	<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization is 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b> .			
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 A9278	A4239 E0787	A9276 E2103	A9277
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 15820 15830 17107 21138 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14020 15821 15847 17108 21139 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14060 15822 15877 17999 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	14301 15823 17106 21137 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950
<b>Durable medical equipment (DME)</b>	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.  Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A9279 E0265 E0300 E0457 E0470 E0620	A9280 E0266 E0328 E0460 E0471 E0636	A9900 E0270 E0329 E0465 E0483 E0637	E0194 E0277 E0445 E0466 E0486 E0652

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	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	K0606
		K0812	K0830	K0831	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
K0877	K0878	K0879	K0880		
K0884	K0885	K0886	K0890		
K0891	S1040	T1999	T5999		
V2786	V5269	V5270	V5271		
V5272	V5274	V5281	V5282		
V5283	V5286	V5287	V5288		
V5290					
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65765
		65767	66180	0191T	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S2102
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Gender dysphoria treatment</b>	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				
		14000	14001	14021	14041		
		14061	15757	15758	15775		
		15776	15777	15780	15781		
		15782	15783	15787	15788		
		15789	15792	15793	17380		
		21083	21087	21120	21122		
		21172	21270	21899	31599		
		31899	64856	64892	64896		
		<b>Genetic and molecular testing</b>	Prior authorization required	81105	81106	81107	81108
				81109	81110	81111	81120
				81121	81161	81162	81163
81164	81165			81166	81167		
81170	81171			81172	81173		
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		
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		
81283	81284			81285	81286		
81287	81288			81289	81290		
81291	81292			81294	81295		
81297	81298	81300	81302				
81303	81304	81305	81306				
81307	81309	81310	81312				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing (continued)		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	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
		81420	81430	81431	81432
		81433	81434	81435	81436
		81437	81438	81439	81440
		81442	81445	81448	81460
		81465	81470	81471	81479
		81507	81518	81519	81520
		81521	81522	81546	81595
		81599	87481	87482	87505
		87506	87507	87510	87511
		87512	87623	87797	87798
		87799	87800	87801	0001U
		0004M	0006M	0007M	0012U
		0013U	0014U	0016U	0017U
		0018U	0022U	0023U	0026U
		0027U	0031U	0032U	0033U
		0034U	0040U	0046U	0049U
		0055U	0060U	0068U	0070U
		0071U	0072U	0073U	0074U
		0075U	0076U	0084U	0087U
		0088U	0097U	0111U	0129U
		0136U	0137U	0154U	0155U
		0157U	0158U	0159U	0160U
		0161U	81168	81191	81192
	81193	81194	81278	81279	
	81338	81339	81347	81348	
	81351	81352	81353	81357	
	81360	81419	81554	0229U	
	0230U	0231U	0232U	0234U	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing (continued)</b>		0235U	0236U	0237U	0238U
		0245U	0246U	0250U	0252U
		0253U	0254U	0258U	0260U
		0262U	0264U	0265U	0266U
		0267U	0268U	0269U	0270U
		0271U	0272U	0273U	0274U
		0276U	0277U	0278U	0282U
		S3870			
<b>Home health care</b>	Prior authorization is required only in outpatient settings, to include member's home.	G0299 G0495	G0300 G0496	G0493 S9474	G0494
<b>Hysterectomy</b>	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		
<b>Injectable medications</b>	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.	<b>Actemra®</b> J3262 <b>Acthar®</b> J0800 <b>Adakveo®</b> J0791 <b>Aldurazyme®</b> J1931 <b>Amondys 45</b> J1426 <b>Amvuttra™</b> J0225 <b>Aralast NP, Prolastin – C, Zemaira</b> J0256 <b>Apretude</b> J0739 <b>Avsola™</b> Q5121 <b>Benlysta</b> J0490 <b>Botulinum toxins</b> J0585      J0586      J0587      J0588 <b>Brineura™</b> J0567 <b>Cabenuva</b> J0741			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications  
(continued)

**Cerezyme®**  
 J1786  
**Cimzia®\***  
 J0717  
**Cinqair®**  
 J2786  
**Crysvita®**  
 J0584  
**Cutaquig®**  
 J1551  
**Elaprase®**  
 J1743  
**Elelyso®**  
 J3060  
**Enjaymo™**  
 J1302  
**Entyvio®**  
 J3380  
**Evenity™**  
 J3111  
**Evkeeza**  
 J1305  
**Exondys 51™**  
 J1428  
**Fabrazyme®**  
 J0180  
**Fasenra™**  
 J0517  
**Fensolvi®**  
 J1951  
**Feraheme®**  
 Q0138  
**Gamifant®**  
 J9210  
**Givlaari®**  
 J0223  
**Glassia®**  
 J0257  
**Ilaris®**  
 J0638  
**Ilumya™**  
 J3245

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Injectable medications (continued)**

<b>Inflectra®</b>				
Q5103				
<b>Injectafer®</b>				
J1439				
<b>IVIG</b>				
90283	90284	J1459	J1554	
J1555	J1556	J1557	J1559	
J1561	J1566	J1568	J1569	
J1572	J1575	J1599		
<b>Kanuma®</b>				
J2840				
<b>Korsuva®</b>				
J0879				
<b>Krystexxa®</b>				
J2507				
<b>Lemtrada®</b>				
J0202				
<b>Leqvio®</b>				
J1306				
<b>Lumizyme®</b>				
J0221				
<b>Luxturna™</b>				
J3398				
<b>Makena®</b>				
J1726	J1729	J2675		
<b>Mepsevii®</b>				
J3397				
<b>Monoferric®</b>				
J1437				
<b>Naglazyme®</b>				
J1458				
<b>Nexviazyme®</b>				
J0219				
<b>Nplate®</b>				
J2796				
<b>Nucala®</b>				
J2182				
<b>Ocrevus™</b>				
J2350				
<b>Onpatro™</b>				
J0222				
<b>Orencia®</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Injectable medications (continued)**

J0129				
<b>Oxlumo™</b>				
J0224				
<b>Parsabiv™</b>				
J0606				
<b>Probuphine®</b>				
J0570				
<b>Prolia®*****</b>				
J0897				
<b>Radicava®</b>				
J1301				
<b>Reblozyl®</b>				
J0896				
<b>Releuko®</b>				
Q5125				
<b>Remicade®</b>				
J1745				
<b>Renflexis®</b>				
Q5104				
<b>Ryplazim®</b>				
J2998				
<b>Saphnelo®</b>				
J0491				
<b>Scenesse®</b>				
J7352				
<b>Signifor® LAR</b>				
J2502				
<b>Simponi Aria®</b>				
J1602				
<b>Skyrizi®</b>				
J2327				
<b>Sodium Hyaluronate</b>				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
<b>Soliris®</b>				
J1300				
<b>Spinraza™</b>				
J2326				
<b>Spravato®</b>				
S0013				
<b>Synagis®*</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications  
(continued)

90378

**Tepezza®**

J3241

**Tezspire™**

J2356

**Therapeutic Radiopharmaceuticals\*\*\*\***

A9513      A9590      A9696      A9699

A9607

**Triptodur®**

J3316

**Trogarzo™**

J1746

**Ultomiris™**

J1303

**Unclassified codes\*\***

C9399      J3490      J3590

**Uplizna®**

J1823

Viltepso™

J1427

**Vimizim®\*\*\***

J1322

**Vyepti™**

J3032

**Vyondys 53®**

J1429

**Vyvgart**

J9332

**White blood cell colony-stimulating factors\*\*\***

J1442      J1447      J2506      Q5101

Q5108      Q5110      Q5111      Q5120

Q5122

**Xembify®**

J1558

**Xolair®**

J2357

**Zolgensma®**

J3399

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Injectable medications (continued)**

recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at [UHCprovider.com](http://UHCprovider.com) > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

\*Please obtain prior notification for Cimzia, and Synagis through OptumRx prior notifications services at **800-310-6826**.

\*\* For unclassified and temporary codes, C9399, J3490 and J3590, prior authorization is only required for Fynetra, Lupaneta Pack, Nulibry, Revcovi, Spevigo, and Xenpozyme.

\*\*\* Codes J1442, J1447 J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, white blood cell colony stimulating factors, will require prior authorization for both oncology and non-oncology DX. For oncology DX please see Cancer Supportive Care section above.

For non-oncology DX submit online at [UHCProvider.com](http://UHCProvider.com)>link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210

\*\*\*\* Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call **888-397-8129**. For Unclassified code C9399, J3490 and J3590 for Purified Cortropin Gel Prior Authorization is required. \*\*\*\*\*Effective 1/1/23 Prior authorization required for J0897 for non oncology DX.

<b>Joint replacement</b>  Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
<b>Musculoskeletal</b>	Prior authorization required	<b>Shoulder surgery</b>			
		23470	23472	23473	23474
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Orthognathic surgery</b> 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic surgery</b> (continued)	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>		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	L1830	L1831
		L1832	L1834	L1836	L1840
		L1844	L1845	L1846	L1847
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		L5726	L5728	L5780	L5782
		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	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			
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiation therapy (continued)</b>		77014	77387	G6001	G6002
		<b>IMRT</b>			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		<b>Proton Beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/Associated Services</b>			
		77331	77370	77399	77470
		<b>SRS/SBRT</b>			
		77371	77372	77373	G0339
		G0340			
		<b>Standard Radiation Therapy (2D/3D)</b>			
		Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92			
		77401	77402	77407	77412
	G6003	G6004	G6005	G6006	
	G6007	G6008	G6009	G6010	
	G6011	G6012	G6013	G6014	
	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard or, call <b>866-889-8054</b> .				
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b> . For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/VACommunityplan">UHCprovider.com/VACommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program			
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Shoulder surgery</b>	Prior authorization required	<b>Musculoskeletal System</b>			
	SOS applies to all codes in this category	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	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
		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
<b>Stimulators</b>	Prior authorization required	<b>Bone-growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8685	L8686	L8687
		L8688			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecl), Carvykti (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
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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**

J3490***	J3590***	C9399***	
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\*Code 38232 will only require prior authorization for an oncology diagnosis.

\*\*\* Effective 1/1/23 For Unclassified codes J3490, J3590, and C9399, Skysona and Zytiglo will require Prior Authorization through Optum Transplant

<b>Vein procedures</b>	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	37780

<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at <b>855-282-8929</b> .			
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A mechanical pump that takes over the function of the

33927	33928	33929	33975
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
damaged ventricle of the heart and restores normal blood flow		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			