

Prior Authorization Requirements for Wisconsin Medicaid

Effective January 1, 2023

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Wisconsin 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 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.
- **Phone:** 866-604-3267

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			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43846	43847
		43848	43860		
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 member's health plan ID card when referring for mental health and substance abuse or substance use services.			
Birth to age 3 program and in-school therapies	Prior authorization is required for all therapies in lieu of or in addition to the birth to age 3 program or school-based treatments.				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) 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	11971	
Cancer supportive care	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an	Injectable colony-stimulating factor drugs that require prior authorization: Bio similar (Zarxio®) Q5101			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (continued) outpatient setting for a cancer diagnosis.

- Filgrastim (Neupogen®)**
J1442
- Filgrastim-aafi (Nivestym™)**
Q5110
- Filgrastim-ayow, (Releuko®)**
Q5125
- Pegfilgrastim (Neulasta®)**
J2506
- Pegfilgrastim-apgf, biosimilar (Nyvepria®)**
Q5122
- Pegfilgrastim-bmez (Ziextenzo®)**
Q5120
- Pegfilgrastim-cbqv (UDENYCA™)**
Q5111
- Pegfilgrastim-jmdb (Fulphila™)**
Q5108
- Sargramostim (Leukine®)**
J2820
- Tbo-filgrastim (Granix®)**
J1447
- Trilaciclib (Cosela®)**
J1448

Bone-modifying agent that requires prior authorization:

Denosumab
J0897

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**.

Cardiovascular	Prior authorization is required for lower extremities angiogram only	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580*	
*Prior authorization is 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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.428	170.429	170.431	170.432
		170.433	170.434	170.435	170.438
		170.439	170.441	170.442	170.443
		170.444	170.445	170.448	170.449
		170.461	170.462	170.463	170.468
		170.469	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		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/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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			
Chemotherapy	Prior authorization is 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
		L8619	L8690	L8691	L8692
A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech					
Cochlear implants and other auditory implants (continued)					
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A9276	A9277	A9278	
Cosmetic and reconstructive procedures	Prior authorization required	11960	14061	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cosmetic and reconstructive procedures (continued)		21235	21256	21275	21280	
		21282	21295	21740	21742	
		21743	28344	30620	67900	
		67901	67902	67903	67904	
	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		67906	67908	67909	67911
			67912	67914	67915	67916
			67917	67921	67922	67923
			67924	67950	67961	67966
			Q2026			
	Reconstructive procedures that either treat a medical condition or improve or restore physiologic function					
Durable medical equipment (DME)	Prior authorization is required only for DME 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> . Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	A9900	E0194	E0265	E0266	
		E0277	E0328	E0329	E0445	
		E0457	E0465	E0466	E0470	
		E0471	E0483	E0486	E0652	
		E0656	E0669	E0745	E0784	
		E0984	E0986	E1002	E1003	
		E1004	E1005	E1007	E1008	
		E1009	E1010	E1030	E1036	
		E1825	E2227	E2228	E2230	
		E2310	E2311	E2322	E2325	
		E2327	E2329	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	K0860	
		K0861	K0862	K0863	K0864	
		K0868	K0869	K0870	K0871	
K0877	K0878	K0879	K0880			
K0884	K0885	K0886	K0890			
K0891	S1040	T1999	V2786			
V5274	V5281					
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4035	B4036	B4102	B4103	
		B4104	B9002			
Experimental and investigational (and/or linked services)	Prior authorization required	29914	29915	29916	33477	
		36514	64722	65765	65767	
		66180	0191T	A9274	E1831	
		S0810	S9990	S9991		
Femoroacetabular	Prior authorization required	29914	29915	29916		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
impingement syndrome (FAI) (continued)							
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				
		14000	14001	14020	14021		
		14040	14041	14060	14301		
		14302	15734	15738	15750		
		15757	15758	19303	53410		
		53430	54125	54520	54660		
		54690	55175	55180	55970		
		55980	56625	56800	56805		
		57110	57335	58661	58720		
		58940	64856	64892	64896		
		Genetic and molecular testing to include BRCA	Prior authorization required	81105	81106	81107	81108
				81109	81110	81111	81120
81121	81161			81162	81163		
81164	81165			81166	81167		
81170	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	81228			81229	81233		
81234	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	81284	81285				
81286	81287	81288	81289				
81290	81292	81294	81295				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		81297	81298	81300	81302
		81303	81304	81305	81307
		81309	81310	81312	81314
		81315	81316	81317	81318
		81319	81321	81322	81323
		81324	81325	81326	81329
		81330	81331	81334	81335
		81336	81337	81340	81341
		81342	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	81413	81414	81420
		81430	81431	81434	81437
		81438	81439	81440	81460
		81465	81479	81507	81518
		81519	81546	81595	81599
	87481	87482	87505	87506	
	87507	87510	87511	87512	
	87623	87797	87798	87799	
	87800	87801			
Home health care	Prior authorization is required only in outpatient settings, to include member's home Note: G-codes aren't supported by the state.	99504 S9124	99600 T1021	G0299	S9123
		*Prior authorization is not required for Place of Service Hospice/Bill Type 81X or 82X.			
Hysterectomy	Prior authorization required	58150 58262 58275 58541 58550 58570	58152 58263 58290 58542 58552 58571	58180 58267 58291 58543 58553 58572	58260 58270 58292 58544 58554 58573
Incontinence supplies	Prior authorization required	T4542			
Injectable medications	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	Adakveo® J0791 Aduhelm™ J0172 Aldurazyme® J1931 Amvuttra™ J0225			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (continued)	Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.	Aralast NP, Prolastin – C, Zemaira
		J0256
		Amondys-45
		J1426
		Apretude
		J0739
		Benlysta
		J0490
		Beriner®
		J0597
		Cabenuva
		J0741
		Cimzia®
		J0717
		Cinryze®
		J0598
		Cutaquig®
		J1551
		Elaprase®
		J1743
		Enjaymo™
		J1302
		Evkeeza
		J1305
		Fabrazyme®
		J0180
		Fensolvi®
J1951		
Feraheme®		
Q0138		
Firmagon®		
J9155		
Givlaari®		
J0223		
Glassia®		
J0257		
Injectafer®		
J1439		
Kalbitor®		
J1290		
Kanuma®		

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

J2840
Korsuva®
 J0879
Krystexxa®
 J2507
Leqvio®
 J1306
Lumizyme®
 J0221
Lupron Depot®
 J1950
Lupron Depot, Eligard®
 J9217
Monoferric®
 J1437
Naglazyme®
 J1458
Nexviazyme®
 J0219
Nplate®
 J2796
Octreotide Acetate
 J2354
Oxlumo™
 J0224
Prolia®***
 J0897
Riabni™
 Q5123
Reblozyl®
 J0896
Releuko®
 Q5125
Rituxan®
 J9312
Rituxan Hycela®
 J9311
Ruconest®
 J0596
Ruxience®
 Q5119

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

Ryplazim®				
J2998				
Sandostatin® LAR				
J2353				
Saphnelo®				
J0491				
Scenesse®				
J7352				
Signifor® LAR				
J2502				
Skyrizi®				
J2327				
Sodium Hyaluronate				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
Somatuline® Depot				
J1930				
Stelara®				
J3358				
Supprelin® LA				
J9226				
Tepezza®				
J3241				
Tezspire™				
J2356				
Therapeutic Radiopharmaceuticals*				
A9513	A9590	A9606	A9699	
A9607				
Trelstar®				
J3315				
Triptodur®				
J3316				
Truxima®				
Q5115				
Unclassified codes**				
C9399	J3490	J3590		
Uplizna®				
J1823				
Viltepso®				
J1427				
Vimizim®				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		J1322			
		Vyepti™			
		J3032			
		Vyondys 53®			
		J1429			
		Vyvgart			
		J9332			
		Xolair®			
		J2357			
		Zoladex®			
	J9202				

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Or, call **888-397-8129**.

** For unclassified and temporary codes C9071, C9090, C9399, J3490 and J3590, prior authorization is required for Amondys 45 (casimersen), Fylnetra, Revcovi, Ryplazim, Spevigo, Viltepso, and Xenpozyme.

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.

Joint replacement 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	S2112		

Musculoskeletal	Prior authorization required	Shoulder surgery			
		23470	23472	23473	23474

Non-emergent air ambulance transport	Prior authorization required To request prior authorization for transportation, please call Medical Transportation Management at 866-907-1493 .	S9960	S9961		
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Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
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		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (continued)		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1832	L1834	L1840
		L1844	L1845	L1846	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2060	L2106
		L2108	L2126	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L5848	L5930	L5950	L5960
		L5961	L5962	L5964	L5966
		L5968	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	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
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	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	L7185	
	L7186	L7190	L7191	L7405	
	L8040	L8042	L8043	L8044	
	L8045	L8046	L8047	L8499	
	L8610	L8612	L1820		
Pain injections and management	Prior authorization required	64490	64493		
Personal care service	Prior authorization required	T1019			
Private duty nursing	Prior authorization required	T1001	T1002	T1003	
Prostate procedures	Prior authorization required	52441 55866	52442 55873	53850	53852
Radiation therapy	Prior authorization required	IGRT 77014	77387	G6001	G6002
		IMRT Intensity-Modulated Radiation Therapy 77385	77386	G6015	G6016
		Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520	77522	77523	77525
		Special/Associated Services 77331	77370	77399	77470

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Radiation therapy (continued)		SRS/SBRT			
		77371	77372	77373	G0339
		G0340			
		Standard Radiation Therapy (2D/3D)			
		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
		Y90			
	Implantable Beta-Emitting Microspheres for treatment of malignant tumors				
	79445	S2095			
	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 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/WIcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program				

Radiology	<p>Prior authorization is 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.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/WIcommunityplan Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>
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Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
Treatment of nasal functional impairment and septal deviation		30465			

Shoulder surgery	Prior authorization required	Musculoskeletal System			
	SOS applies to all codes in this category	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828

Sinuplasty	Prior authorization required	31295	31296	31297	31298
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Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Sleep apnea procedures and surgeries (continued)
 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
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					

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0760	
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8685	L8686	L8687	L8688

Transcranial Magnetic Stimulation (TMS)	Prior authorization required	90867	90868		
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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 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
		C9073**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2056
		Gene therapy			
		J3490****	J3590****	C9399****	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		**For unclassified codes C9073, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®.			
		**** Effective 1/1/23 For Unclassified codes J3490, J3590, and C9399, Skysona and Zynteglo will require Prior Authorization through Optum Transplant			
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
Ventricular assist devices (VAD)	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 855-282-8929 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Ventricular assist devices (VAD) (continued) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		
Wound vac	Prior authorization required	E2402