

# Prior Authorization Requirements for Wisconsin Medicaid

Effective August 1, 2022

## 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](https://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			
<b>Bariatric surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43846	43847
		43848	43860		
<b>Behavioral health services</b>	<p>Prior authorization required</p> <p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p>	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.			
<b>Birth to age 3 program and in-school therapies</b>	Prior authorization is required for all therapies in lieu of or in addition to the birth to age 3 program or school-based treatments.				
<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		
<b>Cancer supportive care</b>	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an	<p><b>Injectable colony-stimulating factor drugs that require prior authorization:</b></p> <p><b>Bio similar (Zarxio®)</b> Q5101</p>			

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

**Bone-modifying agent that requires prior authorization:**

**Denosumab**

J0897

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Cardiovascular	Prior authorization is required for lower extremities angiogram only	37220	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*	93580	
		*Prior authorization is required for the following diagnosis codes:			
		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	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	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.309	170.311	170.312	170.313
		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	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	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	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	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		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
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	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	170.791

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62

**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:**

- 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

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**Cochlear implants and other auditory implants**  
A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve

Prior authorization required

69710	69714	69930	L8614
L8619	L8690	L8691	L8692

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cochlear implants and other auditory implants (continued)</b> conversational speech					
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A9276	A9277	A9278	
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	14061	15820
		15821	15822	15823	15830
		15847	17106	17107	17108
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
Reconstructive procedures that either treat a medical condition or improve or restore physiologic function		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
<b>Durable medical equipment (DME)</b>	Prior authorization is required only for DME codes listed with a retail purchase or a cumulative rental cost of more than \$500.	A9900	E0194	E0265	E0266
		E0277	E0328	E0329	E0445
		E0457	E0465	E0466	E0470
		E0471	E0483	E0486	E0652
		E0656	E0669	E0745	E0784
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0984	E0986	E1002	E1003
		E1004	E1005	E1007	E1008
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4035	B4036	B4102	B4103
		B4104	B9002		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	29914	29915	29916	33477
		36514	64722	65765	65767
		66180	0191T	A9274	E1831
		S0810	S9990	S9991	
<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	
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>DX codes:</b>			
		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
<b>Genetic and molecular testing to include BRCA</b>	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		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
		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			
<b>Home health care</b>	Prior authorization is required only in outpatient settings, to include member's home <b>Note:</b> G-codes aren't supported by the state.	99504 S9124	99600 T1021	G0299	S9123
		<b>*Prior authorization is not required for Place of Service Hospice/Bill Type 81X or 82X.</b>			
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
<b>Incontinence supplies</b>	Prior authorization required	T4542			
<b>Injectable medications</b>	For prior authorization, please submit requests	<b>Adakveo®</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Injectable medications (continued)</b>	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.	<p>J0791</p> <p><b>Aldurazyme®</b></p> <p>J1931</p> <p><b>Aralast NP, Prolastin – C, Zemaira</b></p> <p>J0256</p> <p><b>Apretude</b></p> <p>J0739</p> <p><b>Benlysta</b></p> <p>J0490</p> <p><b>Berinert®</b></p> <p>J0597</p> <p><b>Cimzia®</b></p> <p>J0717</p> <p><b>Cinryze®</b></p> <p>J0598</p> <p><b>Elaprase®</b></p> <p>J1743</p> <p><b>Fabrazyme®</b></p> <p>J0180</p> <p><b>Fensolvi®</b></p> <p>J1951</p> <p><b>Feraheme®</b></p> <p>Q0138</p> <p><b>Firmagon®</b></p> <p>J9155</p> <p><b>Givlaari®</b></p> <p>J0223</p> <p><b>Glassia®</b></p> <p>J0257</p> <p><b>Injectafer®</b></p> <p>J1439</p> <p><b>Kalbitor®</b></p> <p>J1290</p> <p><b>Kanuma®</b></p> <p>J2840</p> <p><b>Krystexxa®</b></p> <p>J2507</p> <p><b>Leqvio®</b></p> <p>J1306</p> <p><b>Lumizyme®</b></p> <p>J0221</p>



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

**Lupron Depot®**

J1950

**Lupron Depot, Eligard®**

J9217

**Monoferric®**

J1437

**Naglazyme®**

J1458

**Nexviazyme®**

J0219

**Nplate®**

J2796

**Octreotide Acetate**

J2354

**Oxlumo™**

J0224

**Riabni™**

Q5123

**Reblozyl®**

J0896

**Rituxan®**

J9312

**Rituxan Hycela®**

J9311

**Ruconest®**

J0596

**Ruxience®**

Q5119

**Ryplazim®**

J2998

**Sandostatin® LAR**

J2353

**Saphnelo®**

J0491

**Scenesse®**

J7352

**Signifor® LAR**

J2502

**Sodium Hyaluronate**

J7320

J7321

J7322

J7324

J7325

J7326

J7327

J7329

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		J7331	J7332		
	<b>Somatuline® Depot</b>				
	J1930				
	<b>Stelara®</b>				
	J3358				
	<b>Supprelin® LA</b>				
	J9226				
	<b>Tepezza®</b>				
	J3241				
	<b>Therapeutic Radiopharmaceuticals*</b>				
	A9513	A9590	A9606	A9699	
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Truxima®</b>				
	Q5115				
	<b>Unclassified codes**</b>				
	C9399	J3490	J3590		
	<b>Uplizna®</b>				
	J1823				
	<b>Vantas™</b>				
	J9225				
	<b>Vimizim®</b>				
	J1322				
	<b>Vyepti™</b>				
	J3032				
<b>Vyondys 53®</b>					
J1429					
<b>Vyvgart</b>					
J9332					
<b>Xolair®</b>					
J2357					
<b>Zoladex®</b>					
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		(casimersen), Lupaneta Pack™, Revcovi, Ryplazim, and Viltepso™. For Unclassified code C9399, J3490, and J3590 for Purified Cortropin Gel Prior Authorization is required.			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487 S2112	24362 27120 27134 27446 29866	24363 27125 27137 27447 29867
<b>Musculoskeletal</b>	Prior authorization required	<b>Shoulder surgery</b>			
		23470	23472	23473	23474
<b>Non-emergent air ambulance transport</b>	Prior authorization required To request prior authorization for transportation, please call Medical Transportation Management at <b>866-907-1493</b> .	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics and prosthetics</b>	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1844 L1945 L2005 L2034 L2108 L2510 L3230	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1832 L1845 L1950 L2010 L2036 L2126 L2526 L3649	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1834 L1846 L1970 L2020 L2060 L2136 L2627 L3671	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1840 L1860 L2000 L2030 L2106 L2350 L2628 L3674

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	52442	53850	53852
		55866	55873		
Radiation therapy	Prior authorization required	<b>IGRT</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		
<b>Y90</b>					
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](https://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](https://UHCProvider.com/WIcommunityplan) > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiology</b>	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 <a href="https://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.</p> <p>Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/WIcommunityplan">UHCprovider.com/WIcommunityplan</a> Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>			
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
<b>Rhinoplasty and septoplasty (continued)</b>		30435	30450	30460	30462
		30465			
Treatment of nasal functional impairment and septal deviation					
<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
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (continued)</b>		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			
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	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
	L8685	L8686	L8687	L8688	
<b>Transcranial Magnetic Stimulation (TMS)</b>	Prior authorization required	90867	90868		
<b>Transplants</b>	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 <b>888-936-7246</b> 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	50380	50547	S2060
		S2061	S2152		
<b>CAR-T Cell therapy:</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>		0537T	0538T	0539T	0540T
		C9073**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	
		C9098***	C9399***	J9999***	
<p>*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®.  *** For Unclassified codes C9098, C9399 and J9999 Prior Authorization is only required for Carvykti.</p>					
<b>Vein procedures</b>	Prior authorization required				
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36473	36475	36478	37700
		37718	37722	37765	37766
		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> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			