

Prior authorization requirements for UnitedHealthcare Community Plan of Pennsylvania CHIP

Effective Dec. 1, 2024

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Pennsylvania CHIP 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 **800-600-9007**
- **Fax:** 877-310-3826

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Abortion	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
		59866			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	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 back of the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
BRCA genetic testing	Prior authorization required	81162	81212	81216	81432
		81433			
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when	Prior authorization required	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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following Mastectomy		19367	19368	19369	19370
Breast reconstruction (non-mastectomy) (cont.)		19371	19380	19396	L8600

Cancer supportive care

Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis

*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See [Injectable medications](#) section below.

Antiemetics

Fosaprepitant, 1 mg (Emend for Injection)
J1453

Fosaprepitant (Teva)
J1456

Fosnetupitant 235 mg and palonosetron 0.25 mg
J1454

Granisetron, extended-release
J1627

Injectable colony-stimulating factor drugs that require prior authorization:

Eflapegrastim-xnst (Rovedon®)
J1449

Filgrastim (Neupogen®)
J1442*

Filgrastim-aafi (Nivestym™)
Q5110*

Filgrastim-ayow (Releuko®)
Q5125*

Filgrastim-sndz (Zarxio®)
Q5101*

Pegfilgrastim (Neulasta®)
J2506*

Pegfilgrastim-appg, biosimilar (Nyvepria®)
Q5122*

Pegfilgrastim-bmez (Ziextenzo®)
Q5120*

Pegfilgrastim-cbqv (UDENYCA™)
Q5111*

Pegfilgrastim-jmdb (Fulphila™)
Q5108*

Sargramostim (Leukine®)
J2820

Tbo-filgrastim (Granix®)

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

Bone-modifying agent that requires prior authorization:

Denosumab (Xgeva®)
J0897

Erythropoiesis-Stimulating Agents
J0885

Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call **888 397 8129**.

Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance	<p>Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal at UHCprovider.com. Or, you can call 866-889-8054.</p> <p>For more details and the list of CPT codes requiring prior authorization, please see Cardiology Prior Authorization and Notification.</p>
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Cardiovascular	Prior authorization required for the codes listed.	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580	
* Prior authorization not required for the following diagnosis codes:					
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code <p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. Once you sign in, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.</p>			
Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69930	L8614
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226	A4239	A9276	A9277
		A9278	E0787	E2102	E2103
Cosmetic and reconstructive	Prior authorization required	11960	14020**	14021**	14061**
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15820	15821	15822	15823
		15830	15847	15877	15878*
		15879*	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
Reconstructive procedures that treat a medical		21181	21182	21183	21184
		21230	21235	21256	21275

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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condition or improve or restore physiologic function		21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		

*Gender Dysphoria may apply

**Prior authorization not required when billed with the following diagnosis codes:

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211
C44.212	C44.219	C44.221	C44.222
C44.229	C44.291	C44.292	C44.299
C44.300	C44.301	C44.309	C44.310
C44.311	C44.319	C44.320	C44.321
C44.329	C44.390	C44.391	C44.399
C44.40	C44.41	C44.42	C44.49
C44.500	C44.501	C44.509	C44.510
C44.511	C44.519	C44.520	C44.521
C44.529	C44.590	C44.591	C44.599
C44.601	C44.602	C44.609	C44.611
C44.612	C44.619	C44.621	C44.622
C44.629	C44.691	C44.692	C44.699
C44.701	C44.702	C44.709	C44.711
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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
	Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900
E0265			E0266	E0270	E0277
E0300			E0328	E0329	E0445
E0457			E0460	E0465	E0466
Prosthetics are not DME – See orthotics and prosthetics		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
		E2298	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	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
K0878	K0879	K0880	K0884		
K0885	K0886	K0890	K0891		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		S1040	T1999	T5999	V2786
		V5269	V5270	V5271	V5272
		V5274	V5281	V5282	V5283
		V5286	V5287	V5288	V5290
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational (and/or linked services)	Prior authorization required		33477	36514	64722
		65765	65767	66180	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S2102
		S9988	S9990	S9991	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29916			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes , with the following DX codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		11950	11951	11952	11954
		11980	14000	14001	14041
		15734	15738	15750	15757
		15758	15775	15776	15777
		15780	15781	15782	15783
		15787	15788	15789	15792
		15793	15819	15824	15825
		15826	15828	15829	15832
		15833	15834	15835	15836
		15837	15838	15839	15876
		17380	19303	21083	21087
		21120	21122	21173	21270
		21899	31599	31750	31899
		45399	45999	53410	53430
		54125	54520	54660	54690
		55175	55180	56625	56800
56805	57110	57335	58541		
58554	58661	58720	58940		
58999	64856	64892	64896		
69300	90785	96372			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Genetic and molecular testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.	0018U	0022U	0023U	0026U	
		0055U	0060U	0087U	0088U	
		0129U	0171U	0173U	0175U	
		0179U	0209U	0214U	0215U	
		0216U	0217U	0237U	0238U	
	Home care professional requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and molecular testing prior authorization/notification program for each specified genetic test.	0245U	0250U	0262U	0265U	
		81163	81164	81228	81229	
		81277	81400	81401	81402	
		81403	81404	81405	81406	
		81407	81408	81410	81411	
		81412	81413	81414	81415	
		81416	81417	81431	81435	
		81436	81437	81438	81439	
		81440	81445	81448	81460	
		81465	81479	81518	81519	
		81520	81521	81522	81546	
		81595	81599	87505	87506	
		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.	87507	S3870		
	Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
G0493			G0494	G0495	G0496	
S9122			S9123	S9124	S9474	
Hospice	Prior authorization required	T2045				
Hysterectomy	Prior authorization required	58150	58152	58180	58260	
		58262	58263	58267	58270	
		58290	58291	58292	58542	
		58543	58544	58550	58552	
		58553	58570	58571	58572	
		58573				
Injectable medications	Prior authorization required*	Actemra®				
		J3262				
		Acthar®				
		J0801				
		Adakveo®				
		J0791				
		Aduhelm				
		J0172				
Advate, Kogenate FS, Reombinate						

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		<p>J7192</p> <p>Adynovate</p> <p>J7207</p> <p>Adzyna</p> <p>J7171</p> <p>Afstyla</p> <p>J7210</p> <p>Aldurazyme®</p> <p>J1931</p> <p>Alphanate</p> <p>J7186</p> <p>AlphaNine SD, Mononine</p> <p>J7193</p> <p>Alprolix</p> <p>J7201</p> <p>Altuviio</p> <p>J7214</p> <p>Amondys 45</p> <p>J1426</p> <p>Amvuttra Σ</p> <p>J0225</p> <p>Apretude</p> <p>J0739</p> <p>Aralast® NP, Prolastin-C®, Zemaira®</p> <p>J0256</p> <p>Aranesp</p> <p>J0881</p> <p>Arcalyst</p> <p>J2793</p> <p>Aveed</p> <p>J3145</p> <p>Avsola™</p> <p>Q5121</p> <p>Bene fix, Ixinity</p> <p>J7195</p> <p>Benlysta</p> <p>J0490</p> <p>Beovu</p> <p>J0179</p> <p>Berinert</p> <p>J0597</p> <p>Boniva (ibandronate)</p> <p>J1740</p>

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Botulinum toxins	J0585	J0586	J0587	J0588
	Brineura™	J0567			
	Briumvi®	J2329			
	Byooviz	Q5124			
	Cerezyme®	J1786			
	Chlorpromazine	J3230			
	Cimerli	Q5128			
	Cimzia®	J0717			
	Cinqair®	J2786			
	Cinryze®	J0598			
	Cinvanti	J0185			
	Coagadex	J7175			
	Corifact	J7180			
	Cortrophin® Gel	J0802			
	Cosentyx IV	J3247			
	Crysvita®	J0584			
	Cutaquig®	J1551			
	Daxxify	J0589			
	Depo-Testosterone (testosterone cypionate)	J1071			
	Durolane	J7318			
	Elaprase®	J1743			
	Elelyso®	J3060			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Elevidys
		J1413
		Elfabrio®
		J2508
		Eloctate
		J7205
		Enjaymo™
		J1302
		Entyvio®
		J3380
		Epogen, Procrit
		J0885
		Esperoct
		J7204
		Euflexxa
		J7323
		EvenityΣ
		J3111
		Evkeeza™
		J1305
		Exondys 51™
		J1428
		Eylea
		J0178
		Eylea HD
		J0177
		Fabrazyme®
		J0180
		Fasenra™
		J0517
		Feiba NF
		J7198
		Fensolvi®
		J1951
		Feraheme®
		Q0138
		Fibryga
		J7177
		Firmagon®
		J9155
		Fluphenazine
		J2679
		Fynetra

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Q5130				
	Gamifant®				
	J9210				
	Gelsyn-3				
	J7328				
	Geodon (ziprasidone mesylate)				
	J3486				
	Givlaari®				
	J0223				
	Glassia				
	J0257				
	Haloperidol Decanoate				
	J1631				
	Hemgenix				
	J1411				
	Hemlibra				
	J7170				
	Hemophilia clotting factor, not otherwise classified				
	J7199				
	Humate-P				
	J7187				
	Idelvion				
	J7202				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Ixinity				
	J7213				
	Izervay				
	J2782				
	Jivi				
	J7208				
	Kalbitor®				
	J1290				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Kanuma® J2840
		Koate, Hemofil M J7190
		Kovaltry J7211
		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
		Luxturna™ J3398
		Mepsevii® J3397
		Miacalcin (calcitonin) J0630
		Mircera J0888
		Monoferric® J1437
		Naglazyme® J1458
		Nexviazyme® J0219
		Novoeight

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J7182 NovoSeven RT J7189 Nplate® J2796 Nucala® J2182 Nuwiq J7209 Obizur J7188 Ocrevus™ J2350 Octreotide Acetate J2354 OmvoH IV J2267 Onpattro™ J0222 Orencia® J0129 Oxlumo™ J0224 Panzyga® J1576 Parsabiv™ J0606 Phenergan (promethazine) J2550 Pombiliti J1203 Profilnine J7194 Prolia® *** J0897 Qalsody® J1304 Radicava® J1301 Rebinyn J7203 Reblozyl® J0896

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Reclast, Zoledronic Acid J3489
		Releuko® Q5125
		Remicade® J1745
		Renflexis® Q5104
		Retacrit Q5106
		Riabni™ Q5123
		RiaSTAP J7178
		Rituxan® J9312
		Rituxan Hycela® J9311
		Rixubis J7200
		Roctavian J1412
		Rolvedon J1449
		Ruconest® J0596
		Ruxience® Q5119
		Ryplazim® J2998
		Rystiggo J9333
		Sandostatin® LAR J2353
		Saphnelo® J0491
		Scenesse® J7352
		SevenFACT J7212
		Signifor® LAR J2502
		Simponi Aria®

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	J1602 Skyrizi®				
	J2327 Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris® J1300 Somatuline® Depot				
	J1930				
	Spevigo J1747				
	Spinraza™ J2326				
	Spravato® S0013				
	Stelara J3358				
	Stimufend Q5127				
	Sublocade™ Q9991	Q9992			
	Sunlenca J1961				
	Supprelin® LA J9226				
	Susvimo J2779				
	Syfovre™ J2781				
	Synagis® 90378				
	Tepezza® J3241				
	Testopel S0189				
	Testosterone Enanthate J3121				
	Tezspire™ J2356				
	Therapeutic Radiopharmaceuticals A9607				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Tigan				
	J3250				
	Tofidence				
	Q5133				
	Trelstar®				
	J3315				
	Tretten				
	J7181				
	Triptodur®				
	J3316				
	Trogarzo™				
	J1746				
	Truxima®				
	Q5115				
	Tzield™				
	J9381				
	Tysabri®				
	J2323				
	UltomirisΣ				
	J1303				
	Unclassified codes**				
	C9159	C9172	C9399	J3490	
	J3590				
	Uplizna®				
	J1823				
	Uzedy				
	J2799				
	Vabysmo				
	J2777				
	Veopoz				
	J9376				
	Viltepso™				
	J1427				
	Vimizim®				
	J1322				
	Visudyne				
	J3396				
	Vonvendi				
	J7179				
	VPRIV®				
	J3385				
	Vyepti™				
	J3032				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)	Vyjuvek™				
	J3401				
	Vyondys 53®				
	J1429				
	Vyvgart™				
	J9332				
	Vyvgart Hytrulo				
	J9334				
	White blood cell colony stimulating factors***				
	J1442	J1447	J1448	J2506	
	Q5101	Q5108	Q5110	Q5111	
	Q5120	Q5122			
	Wilate				
	J7183				
	Xembify®				
	J1558				
	Xenpozyme™				
	J0218				
	Xolair®				
	J2357				
	Xyntha				
	J7185				
	Zinplava				
	J0565				
	Zoladex®				
	J9202				
	Zolgensma®				
J3399					
Zulresso					
J1632					
Zymfentra					
J1748					
Zyprexa					
J2359					

* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at [UHCprovider.com](https://uhcprovider.com). Or, you can call **888 397 8129**.

** For unclassified and temporary codes C9159, C9172, C9399, J3490 and J3590, prior authorization is only required for Beqvez, Nulibry™, Rivfloza and Revcovi

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Please check our [Review at Launch for New to Market Medications](#) policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our [Review at Launch Medication List](#). Pre-determination is highly recommended for the drugs on the list.

Inpatient admission	Notification required for admissions	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 			
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Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	

Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
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Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	

Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
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Orthotics and prosthetics (cont.)	L2038	L2060	L2106	L2108
	L2126	L2136	L2350	L2510
	L2526	L2627	L2628	L3230
	L3265	L3649	L3671	L3674
	L3720	L3730	L3740	L3763
	L3764	L3900	L3901	L3904
	L3905	L3961	L3971	L3975
	L3976	L3977	L3999	L4000
	L4010	L4020	L4631	L5010
	L5020	L5050	L5060	L5100
	L5105	L5150	L5160	L5200
	L5210	L5220	L5230	L5250
	L5270	L5280	L5301	L5312
	L5321	L5331	L5341	L5400
	L5420	L5460	L5500	L5505
	L5510	L5520	L5530	L5535
	L5540	L5560	L5570	L5580
	L5585	L5590	L5595	L5600
	L5610	L5613	L5614	L5616
	L5639	L5640	L5642	L5643
	L5644	L5646	L5647	L5648
	L5649	L5651	L5653	L5661
	L5673	L5682	L5683	L5700
	L5702	L5703	L5705	L5706
	L5716	L5718	L5722	L5724
	L5726	L5728	L5780	L5790
	L5795	L5811	L5812	L5814
	L5816	L5818	L5822	L5824
	L5826	L5828	L5830	L5845
	L5848	L5857	L5858	L5930
	L5950	L5960	L5961	L5962
	L5964	L5966	L5968	L5973
	L5976	L5979	L5980	L5981
	L5982	L5984	L5986	L5987
	L5988	L5990	L5999	L6000
	L6010	L6020	L6050	L6055
	L6100	L6110	L6120	L6130
	L6200	L6205	L6250	L6300
	L6310	L6320	L6350	L6360
	L6370	L6380	L6382	L6384
	L6400	L6450	L6500	L6550
	L6570	L6580	L6582	L6584
	L6586	L6588	L6590	L6621

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	L8040
		L8042	L8043	L8044	L8045
	L8046	L8047	L8499	L8609	
	L8610	L8612	L8631	L8659	
Pediatric day services (PDHC)	Prior authorization required	T1024			
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Potentially Unproven Services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. To request prior authorization, please call 866-889-8054.</p> <p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please see Radiology Prior Authorization and Notification.</p>			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	<p>Prior authorization is only required when requesting service in an outpatient hospital setting.</p> <p>Prior authorization is not required if performed at a participating ASC.</p>	<p>Auditory System</p> <p>69205</p> <p>Cardiovascular System</p> <p>36590 36832</p> <p>Carpal tunnel surgery</p> <p>64721</p> <p>Cataract surgery</p> <p>66821 66982 66984</p> <p>Colonoscopy</p> <p>45378 45380 45384 45385</p> <p>Cosmetic and reconstructive</p> <p>13101 13132 14040 14060</p> <p>14301 21552 21931</p> <p>Digestive System</p> <p>42415 42440 43200 43236</p> <p>43237 43238 43242 43245</p> <p>43246 43247 43248 43251</p> <p>43254 43255 43259 44360</p> <p>44361 45171 45334 45335</p> <p>45381 45390 45990 46020</p> <p>46040 46050 46200 46220</p> <p>46221 46250 46255 46261</p> <p>46270 46275 46288 46505</p> <p>46750 46910 46946</p> <p>Ear, nose and throat (ENT) procedures</p> <p>21320 30140 30520 69436</p> <p>69631</p> <p>Eye and Ocular Adnexa</p> <p>65710 65820 66250 66710</p> <p>66711 66825 66986 66987</p> <p>66988 67010 67041 67042</p> <p>67105 67108 67113 67840</p> <p>68110 68115 68320 68720</p> <p>68815</p> <p>Female Genital System</p> <p>57240 57250 57461 57520</p> <p>58561 58562</p> <p>Gynecologic procedures</p> <p>57522 58353 58558 58563</p> <p>58565</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)	Hemic and Lymphatic System				
		38500	38510	38525	
	Hernia repair				
		49505	49650	49651	
	Integumentary System				
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
	Liver biopsy				
		47000			
	Male Genital System				
		54840			
	Miscellaneous				
		20680			
	Musculoskeletal System				
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22902	22903	23071
		23075	24071	27327	27337
		27632	28035	28039	28041
		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29806
		29807	29819	29822	29823
		29824	29825	29826	29827
		29828	29835	29840	29845
		29846	29848	29861	29875
		29876	29877	29879	29880
		29881	29882	29888	29893
		G0260			
	Nervous System				
		64561	64640		
	Ophthalmologic				
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
	Respiratory System				
		30802	30930	31525	31535
		31536	31541	31624	
	Tonsillectomy and adenoidectomy				
		42820	42821	42825	42826
	42830				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	
		Urinary System			
		52276	52287	52320	52344
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	63003	63005	22899
		63001	63015	63016	63011
		63012	63030	63040	63017
		63020	63046	63047	63042
		63045	63056	63064	63050
		63055	63081	63085	63075
		63077	63101	63102	63087
		63090	63173	63185	63170
		63172	63200	63250	63190
		63191	63265	63267	63251
		63252	63271	63272	63268
		63270	63301	63302	63286
		63300	63305	63306	63303

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Spinal surgery (cont.)		63304	0098T	63307	63308
		*SOS also applies			

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	

Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecl), 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.			
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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

C9399**	C9400**	J3490**	J3590**
J3393	J3394		

*Code 38232 will only require prior authorization for an oncology diagnosis

** For unclassified codes C9399, J3490 and J3590 Amtagvi, Casgev, Lantidra, Lenmeldy and Skysona™ will require prior authorization through Optum Transplant.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			