

Prior authorization requirements for Virginia Cardinal Care

Effective July. 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Virginia/Virginia Cardinal Care health care professionals providing inpatient and outpatient services. Please submit your requests 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 at 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 **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.

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	43845	43846
		43847	43848	43860	
Behavioral health services	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 applied behavior analysis (ABA) therapy, submit via fax or Provider Express.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Brain injury	Prior authorization required	S0281			
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	L8600	11971
		Prior Auth NOT required for diagnosis codes listed below:			
		C50.011	C50.012	C50.019	C50.021
		C50.022	C50.029	C50.111	C50.112
		C50.119	C50.121	C50.122	C50.129
		C50.211	C50.212	D05.219	D05.221
		D05.222	C50.229	C50.311	C50.312
		C50.319	C50.321	C50.322	C50.329
		C50.411	C50.412	C50.419	C50.421

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		C50.422	C50.429	C50.511	C50.512
		C50.519	C50.521	C50.522	C50.529
		C50.611	C50.612	C50.619	C50.621
		C50.622	C50.629	C50.811	C50.812
		C50.819	C50.821	C50.822	C50.829
		C50.911	C50.912	C50.919	C50.921
		C50.922	C50.929	C79.81	D05.00
		D05.01	D05.02	D05.10	D05.11
		D05.12	D05.80	D05.81	D05.82
		D05.90	D05.91	D05.92	Z42.1
		Z85.3	Z90.10	Z90.11	Z90.12
		Z90.13			

Cancer supportive care

Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis (Dx)
*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.

Injectable colony-stimulating factor drugs that require prior authorization:

Biosimilar (Zarxio)

Q5101*

Eflapegrastim-xnst (Rolvedon)

J1449

Filgrastim (Neupogen)

J1442*

Filgrastim-aafi (Nivestym)

Q5110*

Filgrastim-ayow (Releuko)

Q5125*

Pegfilgrastim-apgf (Nyvepria)

Q5122*

Pegfilgrastim (Neulasta)

J2506

Pegfilgrastim-bmez (Ziextenzo)

Q5120*

Pegfilgrastim-cbqv (Udenyca)

Q5111*

Pegfilgrastim-jmdb (Fulphila)

Q5108*

Sargramostim (Leukine)

J2820

Tbo-filgrastim (Granix)

J1447*

Injectable erythropoiesis-stimulating agents that require prior authorization:

J0885 (Procrit)

Bone-modifying agent that requires prior authorization:

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cancer supportive care (cont.)		Denosumab (Xgeva) J0897 <u>Antiemetic codes that require prior authorization</u> J1456 Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .			
Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification .			
Cardiovascular	Prior authorization is required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	
		No prior authorization 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
		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

Procedures and services	Additional information CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)	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
	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I73.81			
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	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
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: Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot (J1950), leuprolide acetate (J1954), lanreotide (J1932) • 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 Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .			
Cochlear implants and other auditory implants	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech					
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2103	A9277 E2102
Cosmetic and reconstructive	Prior authorization required	11960	14020*	14021*	14060
		14061*	14301	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916

Procedures and services	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive (cont.)	67917	67921	67922	67923
	67924	67950	67961	67966
	Q2026			
	Prior authorization not required when billed with the following Dx codes below.			
	C43.0	C43.10	C43.111	C43.112
	C43.121	C43.122	C43.20	C43.21
	C43.22	C43.30	C43.31	C43.39
	C43.4	C43.51	C43.52	C43.59
	C43.60	C43.61	C43.62	C43.70
	C43.71	C43.72	C43.8	C43.9
	C44.01	C44.02	C44.09	C44.101
	C44.1021	C44.1022	C44.1091	C44.1092
	C44.111	C44.1121	C44.1122	C44.1191
	C44.1192	C44.121	C44.1221	C44.1222
	C44.1291	C44.1292	C44.131	C44.1321
	C44.1322	C44.1391	C44.1392	C44.191
	C44.1921	C44.1922	C44.1991	C44.1992
	C44.201	C44.202	C44.209	C44.211
	C44.212	C44.219	C44.221	C44.222
	C44.229	C44.291	C44.292	C44.299
	C44.300	C44.301	C44.309	C44.310
	C44.311	C44.319	C44.320	C44.321
	C44.329	C44.390	C44.391	C44.399
	C44.40	C44.41	C44.42	C44.49
	C44.500	C44.501	C44.509	C44.510
	C44.511	C44.519	C44.520	C44.521
	C44.529	C44.590	C44.591	C44.599
	C44.601	C44.602	C44.609	C44.611
	C44.612	C44.619	C44.621	C44.622
	C44.629	C44.691	C44.692	C44.699
	C44.701	C44.702	C44.709	C44.711
	C44.712	C44.719	C44.721	C44.722
	C44.729	C44.791	C44.792	C44.799
	C44.80	C44.81	C44.82	C44.89
	C44.90	C44.91	C44.92	C44.99
	C46.0	C4A.0	C4A.10	C4A.111
	C4A.112	C4A.121	C4A.122	C4A.20
	C4A.21	C4A.22	C4A.30	C4A.31
	C4A.39	C4A.4	C4A.51	C4A.51
	C4A.52	C4A.52	C4A.59	C4A.60
	C4A.61	C4A.62	C4A.70	C4A.71
	C4A.72	C4A.8	C4A.9	C79.2
	D03.51	D03.52	D04.0	D04.10
	D04.111	D04.112	D04.121	D04.122

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		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 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 orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold – See home health care.	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0465	E0466	E0470
		E0471	E0483	E0486	E0620
		E0636	E0637	E0652	E0656
		E0669	E0670	E0675	E0693
		E0694	E0700	E0710	E0745
		E0762	E0764	E0766	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030
		E1035	E1036	E1130	E1161
		E1229	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1239	E1825	E2100
		E2227	E2228	E2230	E2301
		E2310	E2311	E2322	E2325
		E2327	E2329	E2331	E2351
		E2373	E2510	E2511	E2512
		E2599	E2626	E2627	E2628
		E2629	E2630	E8000	E8001
		E8002	K0005	K0008	K0013
		K0108	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	E2298
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998		
Experimental and	Prior authorization required	33477	36514	64722	65765

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
investigational (and/or linked services)		65767	66180	A4638	A6000
		A9274	E0231	E1831	S0810
		S1030	S1031	S2102	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic Sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	14000	14001	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
		55970	55980		
		These surgical codes with the following Dx codes do require a prior auth:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
Genetic and molecular testing	Prior authorization required	81162	81229	81403	81407
		81412	81416	0037U	0050U
		81465	81519	81546	87506
		0022U	0060U	0129U	0245U
		0254U	0264U	0268U	0272U
		0277U	81163	81400	81404
		81408	81413	81417	0047U
		0094U	81479	81520	81595
		87507	0023U	0087U	0154U
		0250U	0258U	0265U	0269U
		0273U	0278U	81164	81401
		81405	81410	81414	81336
		0048U	0101U	81364	0103U
		81599	0007M	0026U	0088U
		0237U	0252U	0260U	0266U
		0270U	0274U	0282U	81228
		81402	81406	81411	81415
		81431	81439	81460	0102U
		0118U	87505	0018U	0055U
		0111U	0238U	0253U	0262U
		0267U	0271U	0276U	S3870

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing (cont.)		81120	81277	0006M	81425
		81242	81426	81251	81247
		0037U	0047U	0048U	0050U
		0094U	0101U	0102U	0103U
		0118U	81277	81425	81426
		81427	81449	81451	81457
		81458	81459	81462	81463
		81464	81441	0425U	0426U
		0437U	0444U	0449U	0465U
		0471U	0473U	0474U	0475U
		0364U	0378U	0379U	0388U
		0389U	0391U	0395U	0398U
		0326U	0233U	0239U	0242U
		0244U	0285U	0286U	0288U
		0289U	0290U	0291U	0292U
		0293U	0294U	0114U	
Home health care	Prior authorization is required only in outpatient settings, including member's home.	G0299	G0300	G0493	G0494
		G0495	G0496	S9474	
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	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.	Actemra			
		J3262			
		Acthar			
		J0801			
		Adakveo			
		J0791			
		Adzyna			
		J7171			
		Aldurazyme			
		J1931			
		Alyglo			
		J1552			
		Amondys 45			
		J1426			
		Amvuttra			
		J0225			
		Aralast NP, Prolastin-C, Zemaira			
		J0256			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Avsola			
		Q5121			
		Benlysta			
		J0490			
		Beovu			
		J0179			
		Beqvez			
		J1414			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura			
		J0567			
		Briumvi			
		J2329			
		Byooviz			
		Q5124			
		Cerezyme			
		J1786			
		Cimerli			
		Q5128			
		Cimzia*			
		J0717			
		Cinqair			
		J2786			
		Cosentyx			
		J3247			
		Crysvita			
		J0584			
		Cutaquig			
		J1551			
		Daxxify			
		J0589			
		Elaprase			
		J1743			
		Elelyso			
		J3060			
		Elevidys			
		J1413			
		Elfabrio			
		J2508			
		Enjaymo			
		J1302			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Entyvio			
		J3380			
		Evenity			
		J3111			
		Evkeeza			
		J1305			
		Exondys 51			
		J1428			
		Eylea HD			
		J0177			
		Eylea			
		J0178			
		Fabrazyme			
		J0180			
		Fasenra			
		J0517			
		Fensolvi			
		J1951			
		Feraheme			
		Q0138			
		Fylmetra			
		Q5130			
		Gamifant			
		J9210			
		Givlaari			
		J0223			
		Glassia			
		J0257			
		Hemgenix			
		J1411			
		Ilaris			
		J0638			
		Ilumya			
		J3245			
		Inflectra			
		Q5103			
		Injectafer			
		J1439			
		IVIG			
		90283	90284	J1459	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)		J1572	J1575	J1599
		Izervay		
		J2782		
		Kanuma		
		J2840		
		Kisunla		
		J0175		
		Korsuva		
		J0879		
		Krystexxa		
		J2507		
		Lamzedo		
		J0217		
		Lanreotide		
		J1932		
		Lemtrada		
		J0202		
		Leqembi		
		J0174		
		Leqvio		
		J1306		
		Lucentis		
		J2778		
		Lumizyme		
		J0221		
		Luxturna		
		J3398		
		Mepsevii		
		J3397		
		Monoferic		
		J1437		
		Naglazyme		
		J1458		
		Nexviazyme		
		J0219		
		Niktimvo		
		J9038		
		Nplate		
		J2802		
		Nucala		
		J2182		
		Nypozi		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Q5148 Ocrevus J2350 Ocrevus Zunovo J2351 Omvo J2267 Onpattro J0222 Orencia J0129 Otufi IV Q9999 Oxlumo J0224 Panzyga J1576 Parsabiv J0606 Pavblu Q5147 Piasky J1307 Pombiliti J1203 Prolia J0897 Purified Cortrophin Gel J0802 Pyzchiva IV Q9997 Qalsody J1304 Radicava J1301 Reblozyl J0896 Releuko Q5125 Remicade J1745 Renflexis

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Q5104			
		Roctavian			
		J1412			
		Rolvedon			
		J1449			
		Ryplazim			
		J2998			
		Rystiggo			
		J9333			
		Saphnelo			
		J0491			
		Scenesse			
		J7352			
		Selarsdi			
		Q9998			
		Signifor LAR			
		J2502			
		Simponi Aria			
		J1602			
		Skyrizi			
		J2327			
		Sodium hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Soliris			
		J1299			
		Spevigo			
		J1747			
		Spinraza			
		J2326			
		Stelara IV			
		J3358			
		Steqeyma IV			
		Q5099			
		Stimufend			
		Q5127			
		Susvimo			
		J2779			
		Syfovre			
		J2781			
		Synagis*			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		90378			
		Tepezza			
		J3241			
		Tezspire			
		J2356			
		Therapeutic radiopharmaceuticals****			
		A9513	A9590	A9699	A9606
		A9607			
		Tofidence			
		Q5133			
		Tremfya IV			
		J1628			
		Triptodur			
		J3316			
		Tyenne			
		Q5135			
		Tzield			
		J9381			
		Ultomiris			
		J1303			
		Unclassified codes**			
		J3490	J3590	C9399	
		Uplizna			
		J1823			
		Vabysmo			
		J2777			
		Veopoz			
		J9376			
		Viltepso			
		J1427			
		Vimizim***			
		J1322			
		Vyepti			
		J3032			
		Vyjuvek			
		J3401			
		Vyondys 53			
		J1429			
		Vyvgart			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Wezlana IV			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Q5138			
		White blood cell colony-stimulating factors***			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		Xembify			
		J1558			
		Xenpozyme			
		J0218			
		Xolair			
		J2357			
		Yesintek IV			
		Q5100			
		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 and Drug Administration (FDA). They're also included on our Review at Launch Medication List . Pre-determination is highly recommended for the drugs on this list.					
*Please obtain prior notification for Cimzia, and Synagis through Optum Rx prior notifications services at 800-310-6826.					
**For unclassified and temporary codes, C9399, J3490 and J3590, prior authorization is only required for Casgevy, Lantidra, Ocrevus Zunovo, and Pavblu.					
Lupaneta Pack, Nulibry, Revcovi, and Rivfloza.					
***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.					
For non-oncology Dx, please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can connect with us 24/7 using our Contact us page .					
**** Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .					
Joint replacement	Prior authorization required	24360	24361	24362	24363
Joint, total hip and knee replacement procedures		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Musculoskeletal	Prior authorization required	Shoulder surgery			
		23470	23472	23473	23474

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/ jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization 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	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

Procedures and services	Additional information CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	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	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L7186	L7190	L7191	L7405
		L8040	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
		L8609	L8610	L8612	L8631
		L8659			
Potentially unproven services	Prior authorization required	33289	C2624		
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
Radiation therapy	Prior authorization required	Image-guided radiation therapy (IGRT)			
		77014	77387	G6001	G6002
		Intensity-modulated radiation therapy (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
		Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT)			
		77371	77372	77373	
		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
		79445	G6017	S2095	

Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call **866-889-8054**.

Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.
	Certain CT, MRI, MRA and PET scans	

Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call **866-889-8054**.

For more details and the CPT codes that require prior authorization, please visit [Radiology Prior Authorization](#)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization and Notification.			
Radiology (cont.)	• Nuclear medicine and nuclear cardiology procedures				
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			
		29823	29824	29825	29826
		29827	29828		
Sinuplasty	Prior authorization required	31295	31296	31297	31298
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	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0098T

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Stimulators	Prior authorization required	Bone-growth stimulator			
Implantation of a device that sends electrical impulses		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 (idecabtagene cicleucel), Breyanzi (lisocabtagene maraluecel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel) Tecartus (brexucabtagene autoleucel) and Yescarta (axicabtagene ciloleucel), please call the Optum Health Transplant Resource Services at 888-805-1802 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	J3392	J3393	J3394
		J3391	Q2058		
		CAR T-cell therapy			
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	
		Gene therapy			
		J3490***	J3590***	C9399***	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		***For Unclassified codes J3490, J3590, and C9399, Amtagvi, and Skysona will require Prior Authorization through Optum Transplant.			
Vein procedures	Prior authorization required	36473	36475	36478	37700

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Vein procedures (cont.)		37718	37722	37780	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities					
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.			
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			

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