

Prior Authorization Requirements for Wisconsin Medicaid

Effective May 1, 2023

General Information

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

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](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 | | | |
|---|--|--|-------|-------|-------|
| Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services | Prior authorization required | 43644 | 43645 | 43659 | 43770 |
| | | 43775 | 43842 | 43846 | 43847 |
| | | 43848 | 43860 | | |
| Behavioral health services | <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. | | | |
| Birth to age 3 program and in-school therapies | Prior authorization is required for all therapies in lieu of or in addition to the birth to age 3 program or school-based treatments. | | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20975 | 20979 | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy | Prior authorization required | 19316 | 19318 | 19325 | 19328 |
| | | 19330 | 19340 | 19342 | 19350 |
| | | 19357 | 19361 | 19364 | 19367 |
| | | 19368 | 19369 | 19370 | 19371 |
| | | 19380 | 19396 | 11971 | |
| Cancer supportive care | Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents | Injectable colony-stimulating factor drugs that require prior authorization: Bio similar (Zarxio®) | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
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|-------------------------|------------------------|--|

| | | |
|---|---|--|
| Cancer supportive care (continued) | administered in an outpatient setting for a cancer diagnosis. | Q5101 |
| | | Filgrastim (Neupogen®) |
| | | J1442 |
| | | Filgrastim-aafi (Nivestym™) |
| | | Q5110 |
| | | Filgrastim-ayow, (Releuko®) |
| | | Q5125 |
| | | Pegfilgrastim (Neulasta®) |
| | | J2506 |
| | | Pegfilgrastim-apgf, biosimilar (Nyvepria®) |
| | | Q5122 |
| | | Pegfilgrastim-bmez (Ziextenzo®) |
| | | Q5120 |
| | | Pegfilgrastim-cbqv (UDENYCA™) |
| | | Q5111 |
| Pegfilgrastim-jmdb (Fulphila™) | | |
| Q5108 | | |
| Sargramostim (Leukine®) | | |
| J2820 | | |
| Tbo-filgrastim (Granix®) | | |
| J1447 | | |
| Trilaciclib (Cosela®) | | |
| J1448 | | |
| | | <u>Bone-modifying agent that requires prior authorization:</u> |
| | | Denosumab |
| | | J0897 |
| | | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 . |

| | | | | | |
|-----------------------|--|---|---------|---------|---------|
| Cardiovascular | Prior authorization is required for lower extremities angiogram only | 37220* | 37221* | 37224* | 37225* |
| | | 37226* | 37227* | 37228* | 37229* |
| | | 37230* | 37231* | 93580* | |
| | | *Prior authorization is required for the following diagnosis codes: | | | |
| | | E08.52 | E09.52 | E10.52 | E11.52 |
| | | E13.52 | I70.221 | I70.222 | I70.223 |
| | | I70.228 | I70.229 | I70.231 | I70.232 |
| | | I70.233 | I70.234 | I70.235 | I70.238 |
| | | I70.239 | I70.241 | I70.242 | I70.243 |
| | | I70.244 | I70.245 | I70.248 | I70.249 |
| | | I70.25 | I70.261 | I70.262 | I70.263 |
| | | I70.268 | I70.269 | I70.321 | I70.322 |
| | | I70.323 | I70.329 | I70.331 | I70.332 |
| | | I70.333 | I70.334 | I70.335 | I70.338 |
| | | I70.339 | I70.341 | I70.342 | I70.343 |
| I70.344 | I70.345 | I70.348 | I70.349 | | |
| I70.35 | I70.361 | I70.362 | I70.363 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------|------------------------|--|----------|----------|----------|
| Cardiovascular (continued) | | 170.369 | 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 | 170.521 | 170.522 | 170.523 |
| | | 170.528 | 170.529 | 170.531 | 170.532 |
| | | 170.533 | 170.534 | 170.535 | 170.538 |
| | | 170.539 | 170.541 | 170.542 | 170.543 |
| | | 170.544 | 170.545 | 170.548 | 170.549 |
| | | 170.561 | 170.562 | 170.563 | 170.568 |
| | | 170.569 | 170.621 | 170.622 | 170.623 |
| | | 170.628 | 170.629 | 170.631 | 170.632 |
| | | 170.633 | 170.634 | 170.635 | 170.638 |
| | | 170.639 | 170.641 | 170.642 | 170.643 |
| | | 170.644 | 170.645 | 170.648 | 170.649 |
| | | 170.661 | 170.662 | 170.663 | 170.668 |
| | | 170.669 | 170.721 | 170.722 | 170.723 |
| | | 170.728 | 170.729 | 170.731 | 170.732 |
| | | 170.733 | 170.734 | 170.735 | 170.738 |
| | | 170.739 | 170.741 | 170.742 | 170.743 |
| | | 170.744 | 170.745 | 170.748 | 170.749 |
| | | 170.761 | 170.762 | 170.763 | 170.768 |
| | | 170.769 | 172.3 | 172.4 | 172.8 |
| | | 172.9 | 177.2 | 177.70 | 177.72 |
| | | 177.77 | 177.79 | 174.3 | 174.4 |
| | | 174.5 | 174.8 | 174.9 | 175.021 |
| | | 175.022 | 175.023 | 175.029 | 175.89 |
| | | T82.818A | T82.868A | S81.801A | S81.802A |
| | | S81.809A | S91.301A | S91.302A | S91.309A |
| | | M86.051 | M86.052 | M86.059 | M86.061 |
| | | M86.062 | M86.069 | M86.071 | M86.072 |
| | | M86.079 | M86.08 | M86.09 | M86.1 |
| | | M86.10 | M86.151 | M86.152 | M86.159 |
| | | M86.161 | M86.162 | M86.169 | M86.171 |
| | | M86.172 | M86.179 | M86.18 | M86.19 |
| | | M86.20 | M86.251 | M86.252 | M86.259 |
| | | M86.261 | M86.262 | M86.269 | M86.271 |
| | | M86.272 | M86.279 | M86.28 | M86.29 |
| | | M86.30 | M86.351 | M86.352 | M86.359 |
| | | M86.361 | M86.362 | M86.369 | M86.371 |
| | | M86.372 | M86.379 | M86.38 | M86.39 |
| | | M86.40 | M86.451 | M86.452 | M86.459 |
| | | M86.461 | M86.462 | M86.469 | M86.471 |
| | | M86.472 | M86.479 | M86.48 | M86.49 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|----------|----------|----------|
| Cardiovascular (continued) | | M86.50 | M86.551 | M86.552 | M86.559 |
| | | M86.561 | M86.562 | M86.571 | M86.572 |
| | | M86.579 | M86.58 | M86.59 | M86.60 |
| | | M86.651 | M86.652 | M86.659 | M86.661 |
| | | M86.662 | M86.669 | M86.671 | M86.672 |
| | | M86.679 | M86.68 | M86.69 | M86.8X0 |
| | | M86.8X5 | M86.8X6 | M86.8X7 | M86.8X8 |
| | | M86.8X9 | M86.9 | I96 | L03.115 |
| | | L03.116 | Q27.30 | Q27.32 | Q27.39 |
| | | Q27.8 | Q27.9 | Q87.2 | S35.511A |
| | | S35.512A | T82.312A | T82.318A | T82.319A |
| | | T82.338A | T82.392A | T82.398A | T82.399A |
| | | T82.898A | I73.00 | I73.01 | I73.1 |
| | | I73.81 | | | |
| Chemotherapy | Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis. | Injectable chemotherapy drugs that require prior authorization: | | | |
| | | <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code | | | |
| | | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 . | | | |
| Cochlear implants and other auditory implants | Prior authorization required | 69710 | 69714 | 69930 | L8614 |
| | | L8619 | L8690 | L8691 | L8692 |
| A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve | | | | | |
| Cochlear implants and other auditory implants (continued) | | | | | |
| conversational speech | | | | | |
| Continuous glucose monitor | Prior authorization required with Type 2 Diabetes Diagnosis | A9276 | A9277 | A9278 | |
| Cosmetic and reconstructive | Prior authorization required | 11960 | 14061* | 15820 | 15821 |
| | | 15822 | 15823 | 15830 | 15847 |
| | | 17106 | 17107 | 17108 | 17999 |
| | | 21137 | 21138 | 21139 | 21172 |
| | | 21175 | 21179 | 21180 | 21181 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|----------|----------|----------|
| Cosmetic and reconstructive (continued) | | 21182 | 21183 | 21184 | 21230 |
| | | 21235 | 21256 | 21275 | 21280 |
| | | 21282 | 21295 | 21740 | 21742 |
| Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function | | 21743 | 28344 | 30620 | 67900 |
| | | 67901 | 67902 | 67903 | 67904 |
| | | 67906 | 67908 | 67909 | 67911 |
| | | 67912 | 67914 | 67915 | 67916 |
| | | 67917 | 67921 | 67922 | 67923 |
| Reconstructive procedures that either treat a medical condition or improve or restore physiologic function | | 67924 | 67950 | 67961 | 67966 |
| | | Q2026 | 14020* | 14021* | |
| *Effective 5/1/23 – Codes 14020, 14021 and 14061 do NOT require a prior auth when billed with a DX code 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|---------|---------|---------|
| Cosmetic and reconstructive (continued) | | 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 is required only for DME codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> . | A9900 | E0194 | E0265 | E0266 |
| | | E0277 | E0328 | E0329 | E0445 |
| | | E0457 | E0465 | E0466 | E0470 |
| | | E0471 | E0483 | E0486 | E0652 |
| | | E0656 | E0669 | E0745 | E0784 |
| | | E0984 | E0986 | E1002 | E1003 |
| | | E1004 | E1005 | E1007 | E1008 |
| | | E1009 | E1010 | E1030 | E1036 |
| | | E1825 | E2227 | E2228 | E2230 |
| | | E2310 | E2311 | E2322 | E2325 |
| | | E2327 | E2329 | E2351 | E2373 |
| | | E2510 | E2511 | E2512 | E2599 |
| | | E2626 | E2627 | E2628 | E2629 |
| | | E2630 | E8000 | E8001 | E8002 |
| | | K0005 | K0008 | K0013 | K0108 |
| | | K0812 | K0830 | K0831 | K0848 |
| | | K0849 | K0850 | K0851 | K0852 |
| K0853 | K0854 | K0855 | K0856 | | |
| K0857 | K0858 | K0859 | K0860 | | |
| K0861 | K0862 | K0863 | K0864 | | |
| K0868 | K0869 | K0870 | K0871 | | |
| K0877 | K0878 | K0879 | K0880 | | |
| K0884 | K0885 | K0886 | K0890 | | |
| K0891 | S1040 | T1999 | V2786 | | |
| V5274 | V5281 | | | | |
| Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B4035 | B4036 | B4102 | B4103 |
| | | B4104 | B9002 | | |
| Experimental and investigational (and/or linked services) | Prior authorization required | 29914 | 29915 | 29916 | 33477 |
| | | 36514 | 64722 | 65765 | 65767 |
| | | 66180 | 0191T | A9274 | E1831 |
| | | S0810 | S9990 | S9991 | |
| Femoroacetabular impingement syndrome (FAI) (continued) | Prior authorization required | 29914 | 29915 | 29916 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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|--|------------------------------|-------|-------|-------|-------|
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |

| | | | | | |
|----------------------------|------------------------------|--|---------|-------|-------|
| Gender dysphoria treatment | Prior authorization required | 55970 | 55980 | | |
| | | These surgical codes with the following | | | |
| | | DX codes: | | | |
| | | F64.0 | F64.1 | F64.2 | F64.8 |
| | | F64.9 | Z87.890 | | |
| | | 14000 | 14001 | 14020 | 14021 |
| | | 14040 | 14041 | 14060 | 14301 |
| | | 14302 | 15734 | 15738 | 15750 |
| | | 15757 | 15758 | 19303 | 53410 |
| | | 53430 | 54125 | 54520 | 54660 |
| | | 54690 | 55175 | 55180 | 55970 |
| | | 55980 | 56625 | 56800 | 56805 |
| | | 57110 | 57335 | 58661 | 58720 |
| 58940 | 64856 | 64892 | 64896 | | |

| | | | | | |
|---|------------------------------|-------|-------|-------|-------|
| Genetic and molecular testing to include BRCA | Prior authorization required | 81105 | 81106 | 81107 | 81108 |
| | | 81109 | 81110 | 81111 | 81120 |
| | | 81121 | 81161 | 81162 | 81163 |
| | | 81164 | 81165 | 81166 | 81167 |
| | | 81170 | 81173 | 81174 | 81175 |
| | | 81176 | 81177 | 81178 | 81179 |
| | | 81180 | 81181 | 81182 | 81183 |
| | | 81184 | 81185 | 81186 | 81187 |
| | | 81188 | 81189 | 81190 | 81200 |
| | | 81201 | 81203 | 81204 | 81205 |
| | | 81208 | 81209 | 81212 | 81216 |
| | | 81218 | 81220 | 81222 | 81223 |
| | | 81224 | 81228 | 81229 | 81233 |
| | | 81234 | 81238 | 81239 | 81240 |
| | | 81241 | 81242 | 81243 | 81244 |
| | | 81245 | 81246 | 81247 | 81248 |
| | | 81249 | 81250 | 81251 | 81252 |
| | | 81253 | 81254 | 81255 | 81256 |
| | | 81257 | 81258 | 81259 | 81260 |
| | | 81261 | 81262 | 81263 | 81264 |
| 81265 | 81266 | 81267 | 81268 | | |
| 81269 | 81271 | 81272 | 81273 | | |
| 81274 | 81276 | 81284 | 81285 | | |
| 81286 | 81287 | 81288 | 81289 | | |
| 81290 | 81292 | 81294 | 81295 | | |
| 81297 | 81298 | 81300 | 81302 | | |
| 81303 | 81304 | 81305 | 81307 | | |
| 81309 | 81310 | 81312 | 81314 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|----------------|-------|-------|
| Genetic and molecular testing to include BRCA (continued) | | 81315 | 81316 | 81317 | 81318 |
| | | 81319 | 81321 | 81322 | 81323 |
| | | 81324 | 81325 | 81326 | 81329 |
| | | 81330 | 81331 | 81334 | 81335 |
| | | 81336 | 81337 | 81340 | 81341 |
| | | 81342 | 81361 | 81362 | 81363 |
| | | 81364 | 81370 | 81371 | 81372 |
| | | 81373 | 81375 | 81376 | 81377 |
| | | 81378 | 81379 | 81380 | 81381 |
| | | 81382 | 81383 | 81400 | 81401 |
| | | 81402 | 81403 | 81404 | 81405 |
| | | 81406 | 81407 | 81408 | 81410 |
| | | 81411 | 81413 | 81414 | 81420 |
| | | 81430 | 81431 | 81434 | 81437 |
| | | 81438 | 81439 | 81440 | 81460 |
| | | 81465 | 81479 | 81507 | 81518 |
| | | 81519 | 81546 | 81595 | 81599 |
| | 87481 | 87482 | 87505 | 87506 | |
| | 87507 | 87510 | 87511 | 87512 | |
| | 87623 | 87797 | 87798 | 87799 | |
| | 87800 | 87801 | | | |
| Home health care | Prior authorization is required only in outpatient settings, to include member's home Note: G-codes aren't supported by the state. | 99504 S9124 | 99600 T1021 | G0299 | S9123 |
| | | *Prior authorization is not required for Place of Service Hospice/Bill Type 81X or 82X. | | | |
| Hysterectomy | Prior authorization required | 58150 | 58152 | 58180 | 58260 |
| | | 58262 | 58263 | 58267 | 58270 |
| | | 58275 | 58290 | 58291 | 58292 |
| | | 58541 | 58542 | 58543 | 58544 |
| | | 58550 | 58552 | 58553 | 58554 |
| | | 58570 | 58571 | 58572 | 58573 |
| Incontinence supplies | Prior authorization required | T4542 | | | |
| Injectable medications | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129. | Adakveo® | | | |
| | | J0791 | | | |
| | | Aduhelm™ | | | |
| | | J0172 | | | |
| | | Aldurazyme® | | | |
| | | J1931 | | | |
| Aralast NP, Prolastin – C, Zemaira | | | | | |
| J0256 | | | | | |
| Amondys-45 | | | | | |
| J1426 | | | | | |
| Apretude | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
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|---------------------------------------|------------------|-------------------|
| Injectable medications (continued) | | J0739 |
| | | Benlysta |
| | | J0490 |
| | | Beovu® |
| | | J0179 |
| | | Berinert® |
| | | J0597 |
| | | Byooviz™ |
| | | Q5124 |
| | | Cabenuva |
| | | J0741 |
| | | Cimerli™ |
| | | Q5128 |
| | | Cimzia® |
| | | J0717 |
| | | Cinryze® |
| | | J0598 |
| | | Cutaquig® |
| | | J1551 |
| | | Elaprase® |
| | | J1743 |
| | | Enjaymo™ |
| | | J1302 |
| | | Evkeeza |
| | | J1305 |
| | | Eylea® |
| | | J0178 |
| | | Fabrazyme® |
| | | J0180 |
| | | Fensolvi® |
| | J1951 | |
| | Feraheme® | |
| | Q0138 | |
| | Firmagon® | |
| | J9155 | |
| | Fynetra® | |
| | Q5130 | |
| | Givlaari® | |
| | J0223 | |
| | Glassia® | |
| | J0257 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

Injectable medications (continued)

| | | |
|--|--|-------------------------------|
| | | Hemgenix® |
| | | J1411 |
| | | Injectafer® |
| | | J1439 |
| | | Kalbitor® |
| | | J1290 |
| | | Kanuma® |
| | | J2840 |
| | | Korsuva® |
| | | J0879 |
| | | Krystexxa® |
| | | J2507 |
| | | Lanreotide |
| | | J1932 |
| | | Leqvio® |
| | | J1306 |
| | | Lucentis® |
| | | J2778 |
| | | Lumizyme® |
| | | J0221 |
| | | Lupron Depot® |
| | | J1950 |
| | | Lupron Depot, Eligard® |
| | | J9217 |
| | | Monoferric® |
| | | J1437 |
| | | Naglazyme® |
| | | J1458 |
| | | Nexviazyme® |
| | | J0219 |
| | | Nplate® |
| | | J2796 |
| | | Octreotide Acetate |
| | | J2354 |
| | | Oxlumo™ |
| | | J0224 |
| | | Prolia®*** |
| | | J0897 |
| | | Riabni™ |
| | | Q5123 |
| | | Reblozyl® |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
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|---------------------------------------|---------------------------|-------|-------|-------|--|
| Injectable medications (continued) | J0896 | | | | |
| | Releuko® | | | | |
| | Q5125 | | | | |
| | Rituxan® | | | | |
| | J9312 | | | | |
| | Rituxan Hycela® | | | | |
| | J9311 | | | | |
| | Ruconest® | | | | |
| | J0596 | | | | |
| | Ruxience® | | | | |
| | Q5119 | | | | |
| | Ryplazim® | | | | |
| | J2998 | | | | |
| | Sandostatin® LAR | | | | |
| | J2353 | | | | |
| | Saphnelo® | | | | |
| | J0491 | | | | |
| | Scenesse® | | | | |
| | J7352 | | | | |
| | Signifor® LAR | | | | |
| | J2502 | | | | |
| | Skyrizi® | | | | |
| | J2327 | | | | |
| | Sodium Hyaluronate | | | | |
| | J7320 | J7321 | J7322 | J7324 | |
| | J7325 | J7326 | J7327 | J7329 | |
| | J7331 | J7332 | | | |
| | Somatuline® Depot | | | | |
| | J1930 | | | | |
| | Spevigo® | | | | |
| | J1747 | | | | |
| | Stelara® | | | | |
| | J3358 | | | | |
| | Supprelin® LA | | | | |
| | J9226 | | | | |
| Susvimo™ | | | | | |
| J2779 | | | | | |
| Tepezza® | | | | | |
| J3241 | | | | | |
| Tezspire™ | | | | | |
| J2356 | | | | | |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

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|------------------------------------|-------|--|-------|-------|-------|
| Injectable medications (continued) | | Therapeutic Radiopharmaceuticals* | | | |
| | | A9513 | A9590 | A9606 | A9699 |
| | | A9607 | | | |
| | | Trelstar® | | | |
| | | J3315 | | | |
| | | Triptodur® | | | |
| | | J3316 | | | |
| | | Truxima® | | | |
| | | Q5115 | | | |
| | | Unclassified codes** | | | |
| | | C9399 | J3490 | J3590 | C9149 |
| | | Uplizna® | | | |
| | | J1823 | | | |
| | | Vabysmo® | | | |
| | | J2777 | | | |
| | | Viltepso® | | | |
| | | J1427 | | | |
| | | Vimizim® | | | |
| | | J1322 | | | |
| | | Vyepti™ | | | |
| | | J3032 | | | |
| | | Vyondys 53® | | | |
| | | J1429 | | | |
| | | Vyvgart | | | |
| | | J9332 | | | |
| | | Xenpozyme® | | | |
| | | J0218 | | | |
| | | Xolair® | | | |
| | | J2357 | | | |
| | | Zoladex® | | | |
| | J9202 | | | | |

* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.

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

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

For Unclassified code C9399, J3490, and J3590 for Purified Cortropin Gel Prior Authorization is required.

Effective 4/1/23 - Tzield only use temp codes of C9149, J3490 and J3590, not C9399

***Effective 1/1/23 Prior authorization required for J0897 for non

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|--|-------|-------|
| Injectable medications (continued) | | oncology DX. | | | |
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27125 |
| | | 27130 | 27132 | 27134 | 27137 |
| | | 27138 | 27412 | 27446 | 27447 |
| | | 27486 | 27487 | 29866 | 29867 |
| | | 29868 | S2112 | | |
| Musculoskeletal | Prior authorization required | Shoulder surgery | | | |
| | | 23470 | 23472 | 23473 | 23474 |
| Non-emergent air ambulance transport | Prior authorization required To request prior authorization for transportation, please call Medical Transportation Management at 866-907-1493 . | S9960 | S9961 | | |
| 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 is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500. | L0112 | L0170 |
| L0464 | L0480 | | | L0482 | L0484 |
| L0486 | L0624 | | | L0629 | L0631 |
| L0632 | L0634 | | | L0636 | L0637 |
| L0638 | L0640 | | | L0700 | L0710 |
| L0810 | L0820 | | | L0830 | L0859 |
| L1000 | L1005 | | | L1200 | L1300 |
| L1310 | L1499 | | | L1680 | L1685 |
| L1700 | L1710 | | | L1720 | L1730 |
| L1755 | L1832 | | | L1834 | L1840 |
| L1844 | L1845 | | | L1846 | L1860 |
| L1945 | L1950 | | | L1970 | L2000 |
| L2005 | L2010 | | | L2020 | L2030 |
| L2034 | L2036 | | | L2060 | L2106 |
| L2108 | L2126 | | | L2136 | L2350 |
| L2510 | L2526 | | | L2627 | L2628 |
| L3230 | L3649 | | | L3671 | L3674 |
| L3720 | L3730 | L3740 | L3763 | | |
| L3764 | L3900 | L3901 | L3904 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------|--|-------|-------|-------|
| Orthotics and prosthetics (continued) | | 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 |
| | | L6940 | L6945 | L6950 | L6955 |
| | | L6960 | L6965 | L6970 | L6975 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Orthotics and prosthetics (continued) | | 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 | IGRT | | | |
| | | 77014 | 77387 | G6001 | G6002 |
| | | IMRT | | | |
| | | Intensity-Modulated Radiation Therapy | | | |
| | | 77385 | 77386 | G6015 | G6016 |
| | | Proton Beam | | | |
| | | Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) | | | |
| | | 77520 | 77522 | 77523 | 77525 |
| | | Special/Associated Services | | | |
| | | 77331 | 77370 | 77399 | 77470 |
| | | SRS/SBRT | | | |
| | | 77371 | 77372 | 77373 | G0339 |
| | | G0340 | | | |
| | | Standard Radiation Therapy (2D/3D) | | | |
| | | Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92 | | | |
| | | 77401 | 77402 | 77407 | 77412 |
| | | G6003 | G6004 | G6005 | G6006 |
| G6007 | G6008 | G6009 | G6010 | | |
| G6011 | G6012 | G6013 | G6014 | | |
| Y90 | | | | | |
| Implantable Beta-Emitting Microspheres for treatment of malignant tumors | | | | | |
| 79445 | S2095 | | | | |
| | | <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCProvider.com/WIcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p> | | | |
| Radiology | Prior authorization is required for participating | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Radiology (continued) | <p>physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures | <p>scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/WIcommunityplan Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p> | | | |
| Rhinoplasty and septoplasty | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| | | 30435 | 30450 | 30460 | 30462 |
| Treatment of nasal functional impairment and septal deviation | | 30465 | | | |
| Shoulder surgery | Prior authorization required | Musculoskeletal System | | | |
| | SOS applies to all codes in this category | 29805 | 29806 | 29807 | 29819 |
| | | 29820 | 29822 | 29823 | 29824 |
| | | 29825 | 29826 | 29827 | 29828 |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| 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 | 22864 | 22865 | 22899 |
| | | 63001 | 63003 | 63005 | 63011 |
| | | 63012 | 63015 | 63016 | 63017 |
| | | 63020 | 63030 | 63040 | 63042 |
| | | 63045 | 63046 | 63047 | 63050 |
| | | 63055 | 63056 | 63064 | 63075 |
| | | 63077 | 63081 | 63085 | 63087 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|---|---------|---------|---------|
| Spinal surgery (continued) | | 63090 | 63101 | 63102 | 63170 |
| | | 63172 | 63173 | 63185 | 63190 |
| | | 63191 | 63200 | 63250 | 63251 |
| | | 63252 | 63265 | 63267 | 63268 |
| | | 63270 | 63271 | 63272 | 63286 |
| | | 63300 | 63301 | 63302 | 63303 |
| | | 63304 | 63305 | 63306 | 63307 |
| | | 63308 | | | |
| Stimulators | Prior authorization required | Bone growth stimulator | | | |
| Implantation of a device that sends electrical impulses | | E0747 | E0748 | E0760 | |
| | | Neurostimulator | | | |
| | | 43648 | 43881 | 43882 | 61863 |
| | | 61864 | 61867 | 61868 | 61885 |
| | | 61886 | 63650 | 63655 | 63685 |
| | | 64553 | 64555 | 64568 | 64570 |
| | | 64590 | 0312T | 0313T | 0314T |
| | | 0315T | 0316T | 0317T | L8680 |
| | L8685 | L8686 | L8687 | L8688 | |
| Transcranial Magnetic Stimulation (TMS) | Prior authorization required | 90867 | 90868 | | |
| Transplants | Prior authorization required | For transplant and CAR T-Cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Carvykti (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | | 32850 | 32851 | 32852 | 32853 |
| | | 32854 | 32855 | 32856 | 33930 |
| | | 33933 | 33935 | 33940 | 33944 |
| | | 33945 | 38208 | 38209 | 38210 |
| | | 38212 | 38213 | 38214 | 38215 |
| | | 38232* | 38240 | 38241 | 38242 |
| | | 44132 | 44133 | 44135 | 44136 |
| | | 44137 | 44715 | 44720 | 44721 |
| | | 47133 | 47135 | 47140 | 47141 |
| | | 47142 | 47143 | 47144 | 47145 |
| | | 47146 | 47147 | 48551 | 48552 |
| | | 48554 | 50300 | 50320 | 50323 |
| | | 50325 | 50340 | 50360 | 50365 |
| | | 50370 | 50547 | S2060 | S2061 |
| | | S2152 | | | |
| | | CAR-T Cell therapy: | | | |
| | | 0537T | 0538T | 0539T | 0540T |
| | | C9073** | C9399** | J3490** | J3590** |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-----------|-----------|-------|
| Transplants (continued) | | J9999** | Q2041 | Q2042 | Q2056 |
| | | Gene therapy J3490**** | J3590**** | C9399**** | |
| <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®. **** Effective 1/1/23 For Unclassified codes J3490, J3590, and C9399, Skysona and Zytiglo will require Prior Authorization through Optum Transplant</p> | | | | | |
| Vein procedures | 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 | | | |
| 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 | | | |