

# Prior authorization requirements for Virginia Cardinal Care

Effective May 1, 2024

## 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](https://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](https://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			
<b>Bariatric surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	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.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Brain injury case management</b>	Prior authorization required	S0280	S0281		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	11971
<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis <b>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and</b>	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>  <b>Biosimilar (Zarxio®)</b> Q5101* <b>Eflapegrastim-xnst (Rolvedon™)</b> J1449 <b>Filgrastim (Neupogen®)</b>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cancer supportive care (cont.)</b>	Q5125 also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.	J1442*	<b>Filgrastim-aafi (Nivestym®)</b>		
		Q5110*	<b>Filgrastim-ayow (Releuko®)</b>		
		Q5125*	<b>Pegfilgrastim-apgf (Nyvepria®)</b>		
		Q5122*	<b>Pegfilgrastim (Neulasta®)</b>		
		J2506	<b>Pegfilgrastim-bmez (Ziextenzo®)</b>		
		Q5120*	<b>Pegfilgrastim-cbqv (Udenyca®)</b>		
		Q5111*	<b>Pegfilgrastim-jmdb (Fulphila®)</b>		
		Q5108*	<b>Sargramostim (Leukine®)</b>		
		J2820	<b>Tbo-filgrastim (Granix®)</b>		
		J1447*	<b><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u></b>		
		J0885 (Procrit®)	<b><u>Bone-modifying agent that requires prior authorization:</u></b>		
		J0897	<b><u>Denosumab (Xgeva®)</u></b>		
		J1456	<b><u>Antiemetic codes that require prior authorization</u></b>		
		Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b> .			
<b>Cardiology</b>	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.	For prior authorization, please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, you can call <b>866-889-8054</b> .			
		For more details and the CPT codes that require prior authorization, please visit <a href="#">Cardiology Prior Authorization and Notification</a> .			
<b>Cardiovascular</b>	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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Cardiovascular (cont.)</b>		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	
		I73.81				
	<b>Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)</b>	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot® (J1950), leuprolide acetate (J1954), lanreotide (J1932) <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b>.</p>			
<b>Cochlear implants and other auditory implants</b>	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					
<b>Continuous glucose monitor</b>	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278 A4238	A4239 E0787	A9276 E2103	A9277 E2102
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960 14061*	14020* 14301	14021* 15820	14060 15821
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		15822 15877 17999 21175 21182 21235	15823 17106 21137 21179 21183 21256	15830 17107 21138 21180 21184 21275	15847 17108 21139 21181 21230 21280
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21282 21743 67901 67906 67912 67917 67924 Q2026	21295 28344 67902 67908 67914 67921 67950	21740 30620 67903 67909 67915 67922 67961	21742 67900 67904 67911 67916 67923 67966
		*Effective May 1, 2023 – Codes 14020, 14021 and 14061 do <b>not</b> require prior authorization when billed with a Dx one of the following codes.			
		C43.0 C43.121	C43.10 C43.122	C43.111 C43.20	C43.112 C43.21

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cosmetic and reconstructive (cont.)</b>		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
		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	
	<b>Durable medical equipment (DME)</b>	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more	A9279	A9280	A9900
E0265			E0266	E0270	E0277
E0300			E0328	E0329	E0445

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>	than \$500.	E0457	E0465	E0466	E0470
	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.	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	E2300
		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		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A6000
		A9274	E0231	E1831	S0810
		S1030	S1031	S2102	
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic</b>	Prior authorization required	31240	31253	31254	31255

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Sinus surgery (FESS) (cont.)</b>		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	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	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	
<b>Genetic and molecular testing</b>	Prior authorization required	81162	81163	81164	81228
		81229	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81420	81431
		81432	81433	81435	81436
		81437	81438	81439	81440
		81445	81448	81460	81465
		81479	81507	81518	81519
		81520	81521	81522	81546
		81595	81599	87505	87506
		87507	0007M	0018U	0022U
		0023U	0026U	0055U	0060U
		0087U	0088U	0111U	0129U
		0154U	81168	81191	81192
		81193	81194	81278	81279
		81138	81339	81347	81348
		81351	81352	81353	81357
		81360	81419	81554	0237U
		0238U	0245U	0250U	0252U
		0253U	0254U	0258U	0260U
		0262U	0264U	0265U	0266U
0267U	0268U	0269U	0270U		
0271U	0272U	0273U	0274U		
0276U	0277U	0278U	0282U		
S3870	81120				
<b>Home health care</b>	Prior authorization is required only in outpatient settings,	G0299	G0300	G0493	G0494

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Home health care (cont.)	including member's home.	G0495	G0496	S9474	
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
Injectable medications	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started go to <a href="http://UHCprovider.com">UHCprovider.com</a> and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b> .	<p><b>Actemra®</b> J3262</p> <p><b>Acthar®</b> J0801</p> <p><b>Adakveo®</b> J0791</p> <p><b>Aduhelm®</b> J0172</p> <p><b>Aldurazyme®</b> J1931</p> <p><b>Amondys 45®</b> J1426</p> <p><b>Amvuttra™</b> J0225</p> <p><b>Aralast® NP, Prolastin®-C, Zemaira®</b> J0256</p> <p><b>Apretude®</b> J0739</p> <p><b>Avsola®</b> Q5121</p> <p><b>Benlysta</b> J0490</p> <p><b>Beovu®</b> J0179</p> <p><b>Botulinum toxins</b> J0585    J0586    J0587                    J0588</p> <p><b>Brineura®</b> J0567</p> <p><b>Briumvi™</b> J2329</p> <p><b>Byooviz™</b> Q5124</p> <p><b>Cerezyme™</b> J1786</p>			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		<b>Cimerli®</b>
		Q5128
		<b>Cimzia®*</b>
		J0717
		<b>Cinqair®</b>
		J2786
		<b>Crysvita®</b>
		J0584
		<b>Cutaquig®</b>
		J1551
		<b>Daxxify</b>
		J0589
		<b>Elaprase®</b>
		J1743
		<b>Elelyso</b>
		J3060
		<b>Elevidys®</b>
		J1413
		<b>Elfabrio®</b>
		J2508
		<b>Enjaymo™</b>
		J1302
		<b>Entyvio®</b>
		J3380
		<b>Evenity®</b>
		J3111
		<b>Evkeeza®</b>
		J1305
		<b>Exondys 51®</b>
		J1428
	<b>Eylea HD</b>	
	J0177	
	<b>Eylea™</b>	
	J0178	
	<b>Fabrazyme®</b>	
	J0180	
	<b>Fasenra®</b>	
	J0517	
	<b>Fensolvi®</b>	
	J1951	
	<b>Feraheme®</b>	
	Q0138	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<b>Fylintra™</b>				
	Q5130				
	<b>Gamifant®</b>				
	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Glassia®</b>				
	J0257				
	<b>Hemgenix™</b>				
	J1411				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya®</b>				
	J3245				
	<b>Inflectra</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90283	90284	J1459		J1554
	J1555	J1556	J1557		J1559
	J1561	J1566	J1568		J1569
	J1572	J1575	J1599		
	<b>Izervay™</b>				
	J2782				
	<b>Kanuma®</b>				
	J2840				
	<b>Korsuva™</b>				
	J0879				
	<b>Krystexxa®</b>				
J2507					
<b>Lamzede®</b>					
J0217					
<b>Lanreotide</b>					
J1932					
<b>Lemtrada®</b>					
J0202					
<b>Leqembi™*****</b>					
J0174					
<b>Leqvio®</b>					
J1306					
<b>Lucentis®</b>					

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J2778
		<b>Lumizyme®</b>
		J0221
		<b>Luxturna®</b>
		J3398
		<b>Makena®</b>
		J1726      J1729      J2675
		<b>Mepsevii®</b>
		J3397
		<b>Monoferric®</b>
		J1437
		<b>Naglazyme®</b>
		J1458
		<b>Nexviazyme®</b>
		J0219
		<b>Nplate®</b>
		J2796
		<b>Nucala®</b>
		J2182
		<b>Ocrevus®</b>
		J2350
		<b>Onpattro®</b>
		J0222
		<b>Orencia®</b>
		J0129
		<b>Oxlumo®</b>
		J0224
		<b>Panzyga®</b>
		J1576
		<b>Parsabiv®</b>
	J0606	
	<b>Pombiliti™</b>	
	J1203	
	<b>Prolia®*****</b>	
	J0897	
	<b>Purified Cortrophin Gel</b>	
	J0802	
	<b>Qalsody™</b>	
	J1304	
	<b>Radicava®</b>	
	J1301	
	<b>Reblozyl®</b>	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J0896				
	<b>Releuko®</b>				
	Q5125				
	<b>Remicade®</b>				
	J1745				
	<b>Renflexis®</b>				
	Q5104				
	<b>Roctavian™</b>				
	J1412				
	<b>Rolvedon™</b>				
	J1449				
	<b>Ryplazim®</b>				
	J2998				
	<b>Rystiggo™</b>				
	J9333				
	<b>Saphnelo®</b>				
	J0491				
	<b>Scenesse®</b>				
	J7352				
	<b>Signifor LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Skyrizi®</b>				
	J2327				
	<b>Sodium hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Soliris®</b>				
	J1300				
	<b>Spevigo™</b>				
	J1747				
	<b>Spinraza®</b>				
J2326					
<b>Stimufend®</b>					
Q5127					
<b>Susvimo™</b>					
J2779					
<b>Syfovre™</b>					
J2781					
<b>Synagis®*</b>					

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire™</b>				
	J2356				
	<b>Therapeutic radiopharmaceuticals****</b>				
	A9513	A9590	A9696	A9699	
	A9607				
	<b>Triptodur®</b>				
	J3316				
	<b>Tzield®</b>				
	J9381				
	<b>Ultomiris®</b>				
	J1303				
	<b>Unclassified codes**</b>				
	J3490	J3590	C9167	C9168	
	C9399				
	<b>Uplizna®</b>				
	J1823				
	<b>Vabysmo®</b>				
	J2777				
	<b>Veopoz™</b>				
	J9376				
	<b>Viltepso®</b>				
	J1427				
	<b>Vimizim®***</b>				
	J1322				
	<b>Vyepti®</b>				
	J3032				
	<b>Vyjuvek™</b>				
	J3401				
	<b>Vyondys 53®</b>				
	J1429				
	<b>Vyvgart®</b>				
J9332					
<b>Vyvgart® Hytrulo™</b>					
J9334					
<b>White blood cell colony-stimulating factors***</b>					
J1442	J1447	J2506	Q5101		
Q5108	Q5110	Q5111	Q5120		
Q5122					
<b>Xembify®</b>					

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1558			
		<b>Xenpozyme®</b>			
		J0218			
		<b>Xolair®</b>			
		J2357			
		<b>Zolgensma®</b>			
		J3399			
		Please check our <a href="#">Review at Launch for New to Market Medications</a> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <a href="#">Review at Launch Medication List</a> . Predetermination is highly recommended for the drugs on the list. The <a href="#">Review at Launch for New to Market Medications</a> .			
		*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, Lyfgenia, Lupaneta Pack™, Nulibry®, Revcovi®.			
	Effective April 1, 2024 – Omvoh only use temp codes J3490, J3590, C9168.				
	Effective April 1, 2024 – Adzynma only use temp codes J3490, J3590, C9167				
	***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 submit online using our Prior Authorization and Notification tool on your UnitedHealthcare Provider Portal or call <b>877-842-3210</b> .				
	****Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Or, you can call <b>888-397-8129</b> .				
	*****Effective Jan. 1, 2023: Prior authorization required for J0897 for non-oncology Dx.				
	*****Effective Aug. 1, 2023: Prior authorization required for J0174.				
<b>Joint replacement</b>	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	
<b>Musculoskeletal</b>	Prior authorization required	<b>Shoulder surgery</b>			
		23470	23472	23473	23474

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Non-emergent air ambulance transport (cont.)</b>					
<b>Orthognathic surgery</b>	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	
<b>Orthotics and prosthetics</b>	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	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



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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7405
		L8040	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
		L8609	L8610	L8612	L8631
		L8659			
<b>Potentially unproven services</b>	Prior authorization required	33289	C2624		
<b>Private duty nursing</b>	Prior authorization required	T1000 S9123	T1002 S9124	T1003 S9125	T1030
<b>Prostate procedures</b>	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
<b>Radiation therapy</b>	Prior authorization required	<p><b>Image-guided radiation therapy (IGRT)</b> 77014      77387      G6001      G6002</p> <p><b>Intensity-modulated radiation therapy (IMRT)</b> Intensity-modulated radiation therapy 77385      77386      G6015      G6016</p> <p><b>Proton beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520      77522      77523      77525</p> <p><b>Special/associated services</b> 77331      77370      77399      77470</p> <p><b>Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT)</b> 77371      77372      77373      G0339 G0340</p> <p><b>Standard radiation therapy (2D/3D)</b> Prior auth required only when obtained with diagnosis codes in the following ranges: C34.00–C34.92, C50.011–C50.929, C61, C79.51–C79.52, C84.7A, D05.00–D05.92 77401      77402      77407      77412 G6003      G6004      G6005      G6006 G6007      G6008      G6009      G6010 G6011      G6012      G6013      G6014</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 <a href="https://UHCprovider.com">UHCprovider.com</a> and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>866-889-8054</b>.</p>			
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> </ul>	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Or, you can call <b>866-</b></p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Radiology (cont.)</b>	<ul style="list-style-type: none"> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<b>889-8054.</b> For more details and the CPT codes that require prior authorization, please visit <a href="#">Radiology Prior Authorization and Notification</a> .			
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
Treatment of nasal functional impairment and septal deviation		30465			
<b>Shoulder surgery</b>	Prior authorization required	<b>Musculoskeletal system</b>			
		29805	29806	29807	29819
	SOS applies to all codes in this category	29820	29822	29823	29824
		29825	29826	29827	29828
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	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			
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<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone-growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8685	L8686	L8687
L8688					

<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (idecaptivegen cicleucel), Breyanzi® (lisocabtagene maralucel), 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.			
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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			

<b>CAR T-cell therapy</b>			
0537T	0538T	0539T	0540T
Q2041	Q2042	Q2053	Q2054
Q2055	Q2056		

<b>Gene therapy</b>		
J3490***	J3590***	C9399***

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

\*\*\*Effective Jan. 1, 2023: For unclassified codes J3490, J3590, and C9399, Skysona™ and Zynteglo™ will

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

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