

Prior Authorization Requirements for California Medi-Cal

Effective March 1, 2022

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in California for inpatient and outpatient services, as referenced in the **2018–2019 Care Provider Manual for California Medi-Cal**. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use 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.
- **Phone:** 866-270-5785
- **Fax:** 855-432-2828; fax form is available at **UHCprovider.com/CAcommunityplan** > Prior Authorization and Notification Resources > Prior Authorization Paper Fax Forms.

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.

For members under age 21 with California Children's Services (CCS)-eligible conditions, please refer the member to the CCS program and request a Service Authorization Request (SAR) from the CCS program in the member's county of residence.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Acupuncture	Outpatient acupuncture services (with or without electric stimulation of the needles) are limited to two services in any one month without prior authorization. Additional services may be provided, as medically necessary, through UnitedHealthcare Community Plan of California, Inc. with pre-approval (prior authorization).				
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Inpatient and outpatient bariatric surgery and obesity-related services		43775	43842	43845	43846
		43847	43848	43860	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Behavioral health services	<p>Behavioral health services are covered through a designated behavioral health network.</p> <p>Serious mental illness services are provided by County Behavioral Health.</p> <p>San Diego Access & Crisis Line:</p> <ul style="list-style-type: none"> • Online: optumsandiego.com • Phone: 888-724-7240 	<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/substance use services.</p> <ul style="list-style-type: none"> • For ABA Therapy, submit via fax or Provider Express 			
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 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370	19328 19350 19367 19371
Cancer supportive services	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis</p> <p>* Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p>Injectable colony-stimulating factor drugs that require prior authorization:</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-apgf (Nyvepria™) Q5122</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™)</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive services (continued)		J1448 <u>Anti-emetic Drugs that require prior authorization:</u> Akynzeo® (palonosetron/fosnetupitant)
		J1454 Cinvanti™ (aprepitant)
		J0185 Emend® (fosaprepitant)
		J1453 Sustol® (granisetron extended release)
		J1627 <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®)
		J0897
		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 .

Cardiovascular	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*	93580	

*Prior authorization required for the following Diagnosis codes:

E08.51	E08.52	E08.59	E08.621
E09.51	E09.52	E09.59	E09.621
E10.51	E10.52	E10.59	E10.621
E11.51	E11.52	E11.59	E11.621
E13.51	E13.52	E13.59	E13.621
I70.201	I70.202	I70.203	I70.208
I70.209	I70.211	I70.212	I70.213
I70.218	I70.219	I70.221	I70.222
I70.223	I70.228	I70.229	I70.231
I70.232	I70.233	I70.234	I70.235
I70.238	I70.239	I70.241	I70.242
I70.243	I70.244	I70.245	I70.248
I70.249	I70.25	I70.261	I70.262

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.263	I70.268	I70.269	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	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	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	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	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	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	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	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	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>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.</p>			
Circumcision	Prior authorization required	54161			
Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69930	L8614
	A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	L8619			
Continuous Glucose Monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	E0787	K0553	K0554
Cosmetic and reconstructive procedures	Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	11960	11971	14020	14021
		14060	14061	14301	15820
		15821	15822	15823	15830
		15847	15877	17106	17107
		17108	17999	21137	21138
		21139	21172	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	67917	67921
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive procedures (continued)		67922 67961	67923 67966	67924	67950
Dental anesthesia	Prior authorization required	00170	D9223	D9243	
Durable Medical Equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9900 E0328 E0465 E0483 E0670 E0986 E1005 E1009 E1036 E1231 E1235 E1239 E2228 E2310 E2327 E2373 E2599 E2629 E8002 K0108 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890	E0194 E0329 E0466 E0637 E0766 E1002 E1006 E1010 E1130 E1232 E1236 E1399 E2230 E2311 E2329 E2510 E2626 E2630 K0005 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891	E0277 E0445 E0470 E0656 E0784 E1003 E1007 E1030 E1161 E1233 E1237 E2210 E2300 E2322 E2331 E2511 E2627 E8000 K0008 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040	E0300 E0460 E0471 E0669 E0984 E1004 E1008 E1035 E1229 E1234 E1238 E2227 E2301 E2325 E2351 E2512 E2628 E8001 K0013 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 T1999
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4102	B4103	B9002	
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767	36514 66180	64722	65765
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
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	14041	15734		
		15738	15750	15757	15758		
		19303	31899	53410	53430		
		54125	54400	54401	54405		
		54520	54660	54690	55175		
		55180	56625	56800	56805		
		57110	57335	58542	58554		
		58661	58720	58940	64856		
		64892	64896				
		Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
				81109	81110	81111	81120
81121	81161			81162	81163		
81164	81165			81166	81167		
Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81170		81171	81172	81173		
	81174		81177	81178	81179		
	81180		81181	81182	81183		
	81184		81185	81186	81187		
	81188		81189	81190	81201		
	81203		81204	81208	81212		
	81216		81218	81225	81233		
	81234		81236	81237	81239		
	81243		81244	81245	81246		
	81250		81256	81257	81260		
81265	81266		81267	81268			
81271	81272		81273	81274			
Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81276		81284	81285	81286		
	81287		81288	81289	81292		
	81294		81295	81297	81298		
	81300		81305	81306	81310		
	81312	81314	81315	81316			
	81317	81318	81319	81320			
	81321	81322	81323	81329			
	81331	81336	81337	81343			
81344	81345	81370	81371				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		81372	81373	81375	81376
		81377	81378	81379	81380
		81381	81382	81383	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81413	81414	81420	81432
		81433	81435	81436	81439
		81479	81507	81518	81519
		81522	81546	81599	87481
		87482	87505	87506	87507
		87510	87511	87512	87797
		87798	87799	87800	87801
	Home health care	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	S9474
Hysterectomy		58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58541	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
Injectable medications	Prior authorization required	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			
		J0791			
		Aldurazyme®			
		J1931			
		Amondys 45			
		J1426			
		Aralast NP®			
		J0256			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Beriner®			
J0597					
Botulinum toxins					
J0585	J0586	J0587	J0588		
Brineura™					
J0567					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Cerezyme® J1786 Cimzia®* J0717 Cinqair® J2786 Cinryze® J0598 Crysvita® J0584 Elaprase® J1743 Elelyso® J3060 Entyvio® J3380 Erythropoiesis Stimulating Agents**** J0885 Evenity™ J3111 Evkeeza™ J1305 Exondys 51™ J1428 Fabrazyme® J0180 Fasenra™ J0517 Fensolvi® J1951 Feraheme® Q0138 Firmagon® J9155 Gamifant® J9210 Givlaari® J0223 Glassia® J0257 Ilaris® J0638

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Krystexxa®				
	J2507				
	Lemtrada®				
	J0202				
	Lumizyme®				
	J0221				
	Lupron Depot®				
	J1950				
	Lupron Depot, Eligard®				
	J9217				
	Luxturna™				
	J3398				
	Makena®				
J1726	J1729	J2675			
Mepsevii®					
J3397					
Monoferic®					
J1437					
Naglazyme®					
J1458					
Nexviazyme®					
J3490	J3590	C9085			
Nplate®					
J2796					
Nucala®					
J2182					
Octreotide Acetate					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J2354
		Ocrevus™
		J2350
		Orencia®
		J0129
		Onpattro™
		J0222
		Oxlumo™
		J0224
		Parsabiv™
		J0606
		Prolastin C®
		J0256
		Radicava®
		J1301
		Reblozyl®
		J0896
		Remicade®
		J1745
		Renflexis®
		Q5104
		Revcovi®
		J3590
		Riabni™
		Q5123
		Rituxan®
		J9312
		Rituxan Hycela®
		J9311
		Ruconest®
		J0596
		Ruxience®
		Q5119
		Sandostatin® LAR
		J2353
		Scenesse®
		J7352
		Signifor® LAR
		J2502
		Simponi Aria®
		J1602
		Sodium Hyaluronate

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Somatuline® Depot			
		J1930			
		Soliris®			
		J1300			
		Spinraza™			
		J2326			
		Stelara®			
		J3358			
		Supprelin® LA			
		J9226			
		Synagis®			
		90378			
		Tepezza®			
		J3241			
		Therapeutic Radiopharmaceuticals**			
		A9513	A9590	A9606	A9699
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Trogarzo™				
	J1746				
	Truxima®				
	Q5115				
	Ultomiris™				
	J1303				
	Unclassified and temporary codes****				
	C9086	C9399	J3490	J3590	
	Uplizna®				
	J1823				
	Vantas™				
	J9225				
	Viltepso™				
	J1427				
	Vimizim®				
	J1322				
	Vyepti™				
	J3032				
	Vyondys 53®				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1429 White blood cell colony stimulating factors*** J1442 Q5108 Q5122 Xembify® J1558 Xolair® J2357 Zemaira® J0256 Zoladex® J9202	J1447 Q5110	J2506 Q5111	Q5101 Q5120
		<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p>			
		<p>*Please obtain prior notification for Cimzia through Magellan prior notifications services at 800-788-4005.</p>			
		<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 tool on your Provider Portal dashboard. Or, call 888-397-8129.</p>			
		<p>*** Codes J1442, J1447, J2506, Q5101, Q5108, Q5110 Q5111, Q5120 and Q5122; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see cancer supportive care section above. For non-oncology DX, submit online at UHCProvider.com > UnitedHealthcare Provider Portal > Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210.</p>			
		<p>****For unclassified and temporary codes C9086, C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Lupaneta Pack™, Nulibry™, Ryplazm®, and Saphnelo™</p>			
		<p>***** For code J0885, prior authorization is required for both oncology and non-oncology DX.</p>			
		<p>Prior authorization is not required for ESRD diagnosis.</p>			
Joint replacement	Prior authorization required	23470	23472	23473	23474

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
Non-emergent air ambulance transport	Prior authorization required	A0428	A0430	A0431	A0435
		A0436			
Occupational therapy Used to help a person maintain or improve daily living skills after an illness or a disability	Occupational therapy, speech therapy, audiology or podiatry services (combined) are limited to two visits in any one calendar month without prior authorization. Additional services may be provided, as medically necessary, through UnitedHealthcare Community Plan of California, Inc. with pre-approval (prior authorization).				
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	L0170	L0456	L0462	L0464
		L0480	L0482	L0484	L0486
		L0624	L0629	L0631	L0632
		L0634	L0636	L0637	L0638
		L0640	L0700	L0710	L0810
		L0820	L0830	L0859	L0861
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1830	L1831
		L1832	L1834	L1836	L1840

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L1844	L1845	L1846	L1847
		L1850	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	L4000
		L4010	L4020	L4350	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5973	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L6000

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	L7186	
	L7190	L7191	L7405		
Pain Management and Injection	Prior authorization required	64490	64493		
Podiatry (foot) services	Podiatry, occupational therapy, speech therapy, or audiology services (combined) are limited to two visits in any one (1) calendar month without prior authorization. Additional services may be provided, as medically necessary, through UnitedHealthcare Community Plan of California, Inc. with pre-approval (prior authorization).				
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Prostate Procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55874	
Radiation Therapy	Prior authorization required	IGRT			
		77014	77387	G6001	G6002

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Radiation Therapy (continued)		<p>G6017</p> <p>IMRT Intensity-Modulated Radiation Therapy 77385 77386 G6015 G6016</p> <p>Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525</p> <p>Special/Associated Services 77331 77370 77399 77470</p> <p>SRS/SBRT 77371 77372 77373</p> <p>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</p> <p>Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445</p>

Radiology

Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:

- Certain CT, MRI, MRA and PET scans
- Nuclear medicine and nuclear cardiology procedures

Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on [UnitedHealthcare Provider Portal](https://UnitedHealthcare.com). 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 **866-889-8054**.

For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/CAcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program Radiology CPT Code List.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Speech therapy Used to help a person who has speech problems	Speech therapy, podiatry, occupational therapy or audiology services (combined) are limited to two visits in any one calendar month without prior authorization. Additional services may be provided, as medically necessary, through UnitedHealthcare Community Plan of California, Inc. with pre-approval (prior authorization).				
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
		63090	63101	63102	63170
63172	63173	63185	63190		
63191	63200	63250	63251		
63252	63265	63267	63268		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	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 evaluation Upon transplant availability, submit member for authorization to the DHCS San Francisco Field Office at 800-726-4326 . Plan will request emergency disenrollment. NOTE: Plan is responsible for prior authorization and management of kidney and cornea transplants in members over age 21.	For transplant and CAR T-Cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocaptagene), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucaptagene autoleucel) and Yescarta™ (axicaptagene 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	50380	50547	
		CAR T-Cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (continued)		*Code 38232 will only require prior authorization for an oncology diagnosis			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468 37700 37766	36473 37718 37780	36475 37722	36478 37765
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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 .			
		33975 33982 Q0509	33976 33983	33979 Q0507	33981 Q0508
Wound vac	Prior authorization required	E2402			