

# Prior Authorization Requirements for California Medi-Cal

Effective May 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			
<b>Acupuncture</b>	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).				
<b>Bariatric surgery</b>	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			
<b>Behavioral health services</b>	<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 &amp; Crisis Line:</p> <ul style="list-style-type: none"> <li>Online: <b>optumsandiego.com</b></li> <li>Phone: <b>888-724-7240</b></li> </ul>	<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"> <li>For ABA Therapy, submit via fax or Provider Express</li> </ul>			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> 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
<b>Cancer supportive services</b>	<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><b>Injectable colony-stimulating factor drugs that require prior authorization:</b></p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506*</p> <p><b>Pegfilgrastim-appgf (Nyvepria™)</b> Q5122</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Trilaciclib (Cosela™)</b></p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive services (continued)		<p>J1448</p> <p><b><u>Anti-emetic Drugs that require prior authorization:</u></b></p> <p><b>Akynzeo® (palonosetron/fosnetupitant)</b></p> <p>J1454</p> <p><b>Cinvanti™ (aprepitant)</b></p> <p>J0185</p> <p><b>Emend® (fosaprepitant)</b></p> <p>J1453</p> <p><b>Sustol® (granisetron extended release)</b></p> <p>J1627</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b></p> <p>J0897</p> <p>Please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</p>

<b>Cardiovascular</b>	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			
<b>Cardiovascular (continued)</b>		170.263	170.268	170.269	170.291
		170.292	170.293	170.298	170.299
		170.301	170.302	170.303	170.308
		170.309	170.311	170.312	170.313
		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	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	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	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	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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			
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	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
<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> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952)</li> <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 Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>Please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</p>			
<b>Circumcision</b>	Prior authorization required	54161			
<b>Cochlear implants and other auditory implants</b>	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			
<b>Continuous Glucose Monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	E0787	K0553	K0554
<b>Cosmetic and reconstructive procedures</b>	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				
<b>Cosmetic and reconstructive procedures (continued)</b>		67922	67923	67924	67950	
		67961	67966			
<b>Dental anesthesia</b>	Prior authorization required	00170	D9223	D9243		
<b>Durable Medical Equipment (DME)</b>	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9900	E0194	E0277	E0300	
		E0328	E0329	E0445	E0460	
		E0465	E0466	E0470	E0471	
		E0483	E0637	E0656	E0669	
		E0670	E0766	E0784	E0984	
		Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	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		E1399	E2210	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	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			
<b>Enteral services</b>	Prior authorization required	B4102	B4103	B9002		
In-home nutritional therapy, either enteral or through a gastrostomy tube						
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65765	
		65767	66180			
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255		
		31256	31257	31259	31267		
		31276	31287	31288			
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980				
		These <b>surgical codes</b> with the following <b>DX codes:</b>					
		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				
		<b>Genetic and molecular testing to include BRCA</b>	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		
81168	81170			81171	81172		
81173	81174			81175	81176		
81177	81178			81179	81180		
81181	81182			81183	81184		
81185	81186			81187	81188		
81189	81190			81191	81192		
81193	81194			81201	81203		
81204	81208			81212	81216		
81218	81222		81223	81224			
81225	81233		81234	81236			
81237	81238		81239	81243			
81244	81245		81246	81250			
81256	81257		81258	81259			
81260	81265		81266	81267			
81268	81269		81271	81272			
81273	81274		81276	81277			
81278	81279		81283	81284			
81285	81286		81287	81288			
81289	81292		81294	81295			
81297	81298		81300	81305			
81306	81309		81310	81312			
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.							



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA (continued)</b>		81314	81315	81316	81317
		81318	81319	81320	81321
		81322	81323	81329	81331
		81334	81335	81336	81337
		81338	81339	81340	81341
		81342	81343	81344	81345
		81347	81348	81351	81352
		81353	81357	81360	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	81413	81414	81419
		81420	81432	81433	81434
		81435	81436	81439	81445
		81448	81479	81507	81518
		81519	81520	81521	81522
		81546	81599	87481	87482
		87505	87506	87507	87510
		87511	87512	87797	87798
		87799	87800	87801	0001U
		0016U	0017U	0018U	0022U
		0023U	0026U	0027U	0034U
		0040U	0046U	0049U	0084U
		0087U	0088U	0097U	0154U
		0155U	0157U	0158U	0159U
		0160U	0161U	0169U	0171U
		0172U	0177U	0180U	0181U
		0182U	0183U	0184U	0185U
		0186U	0187U	0188U	0189U
		0190U	0191U	0192U	0193U
		0194U	0195U	0196U	0197U
		0198U	0199U	0200U	0216U
		0217U	0218U	0221U	0222U
		0230U	0231U	0232U	0234U
		0235U	0236U	0237U	0238U
		0245U	0246U	0268U	0269U
		0271U	0276U	0282U	
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	S9474	
<b>Hysterectomy</b>		58150	58152	58180	58260
		58262	58263	58267	58270

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Hysterectomy (continued)</b>		58275	58290	58291	58292
		58541	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Aldurazyme®</b>			
		J1931			
		<b>Amondys 45</b>			
		J1426			
		<b>Aralast NP®</b>			
		J0256			
		<b>Avsola™</b>			
		Q5121			
		<b>Benlysta</b>			
		J0490			
		<b>Berinert®</b>			
		J0597			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura™</b>			
		J0567			
		<b>Cerezyme®</b>			
		J1786			
		<b>Cimzia®*</b>			
		J0717			
		<b>Cinqair®</b>			
		J2786			
		<b>Cinryze®</b>			
		J0598			
		<b>Crysvita®</b>			
		J0584			
		<b>Elaprase®</b>			
		J1743			
		<b>Ellyso®</b>			
		J3060			
		<b>Entyvio®</b>			
		J3380			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<b>Erythropoiesis Stimulating Agents****</b>			
		J0885			
		<b>Evenity™</b>			
		J3111			
		<b>Evkeeza™</b>			
		J1305			
		<b>Exondys 51™</b>			
		J1428			
		<b>Fabrazyme®</b>			
		J0180			
		<b>Fasenra™</b>			
		J0517			
		<b>Fensolvi®</b>			
		J1951			
		<b>Feraheme®</b>			
		Q0138			
		<b>Firmagon®</b>			
		J9155			
		<b>Gamifant®</b>			
		J9210			
		<b>Givlaari®</b>			
		J0223			
		<b>Glassia®</b>			
		J0257			
		<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>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Krystexxa®</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)		J2507		
		<b>Lemtrada®</b>		
		J0202		
		<b>Lumizyme®</b>		
		J0221		
		<b>Lupron Depot®</b>		
		J1950		
		<b>Lupron Depot, Eligard®</b>		
		J9217		
		<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>Octreotide Acetate</b>		
		J2354		
		<b>Ocrevus™</b>		
	J2350			
	<b>Orencia®</b>			
	J0129			
	<b>Onpattro™</b>			
	J0222			
	<b>Oxlumo™</b>			
	J0224			
	<b>Parsabiv™</b>			
	J0606			
	<b>Prolastin C®</b>			
	J0256			
	<b>Radicava®</b>			
	J1301			
	<b>Reblozyl®</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J0896			
		<b>Remicade®</b>			
		J1745			
		<b>Renflexis®</b>			
		Q5104			
		<b>Revcovi®</b>			
		J3590			
		<b>Riabni™</b>			
		Q5123			
		<b>Rituxan®</b>			
		J9312			
		<b>Rituxan Hycela®</b>			
		J9311			
		<b>Ruconest®</b>			
		J0596			
		<b>Ruxience®</b>			
		Q5119			
		<b>Sandostatin® LAR</b>			
		J2353			
		<b>Saphnelo™</b>			
		J0491			
		<b>Scenesse®</b>			
		J7352			
		<b>Signifor® LAR</b>			
		J2502			
		<b>Simponi Aria®</b>			
		J1602			
		<b>Sodium Hyaluronate</b>			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		<b>Somatuline® Depot</b>			
		J1930			
		<b>Soliris®</b>			
		J1300			
		<b>Spinraza™</b>			
		J2326			
		<b>Stelara®</b>			
		J3358			
		<b>Supprelin® LA</b>			
		J9226			
		<b>Synagis®</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable medications (continued)		90378				
		<b>Tepezza®</b>				
		J3241				
			<b>Therapeutic Radiopharmaceuticals**</b>			
		A9513	A9590	A9606	A9699	
		<b>Trelstar®</b>				
		J3315				
		<b>Triptodur®</b>				
		J3316				
		<b>Trogarzo™</b>				
		J1746				
		<b>Truxima®</b>				
		Q5115				
		<b>Ultomiris™</b>				
		J1303				
			<b>Unclassified and temporary codes****</b>			
		C9090	C9399	J3490	J3590	
		<b>Uplizna®</b>				
		J1823				
		<b>Vantas™</b>				
		J9225				
		<b>Viltepso™</b>				
		J1427				
		<b>Vimizim®</b>				
		J1322				
		<b>Vyepti™</b>				
		J3032				
		<b>Vyondys 53®</b>				
		J1429				
			<b>White blood cell colony stimulating factors***</b>			
		J1442	J1447	J2506	Q5101	
		Q5108	Q5110	Q5111	Q5120	
		Q5122				
	<b>Xembify®</b>					
	J1558					
	<b>Xolair®</b>					
	J2357					
	<b>Zemaira®</b>					
	J0256					
	<b>Zoladex®</b>					
	J9202					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		<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 &amp; 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 <b>UHCprovider.com</b> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; 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 <b>UHCprovider.com</b> 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 <b>888-397-8129</b>.</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 <b>UHCProvider.com</b> &gt; UnitedHealthcare Provider Portal &gt; Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210.</p> <p>****For unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Lupaneta Pack™, Nulibry™ and Ryplazm®</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>			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27130 27138 27486 29868	23472 24361 24371 27132 27412 27487	23473 24362 27120 27134 27446 29866	23474 24363 27125 27137 27447 29867
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0428 A0436	A0430	A0431	A0435
<b>Occupational therapy</b> 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.				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Additional services may be provided, as medically necessary, through UnitedHealthcare Community Plan of California, Inc. with pre-approval (prior authorization).

<b>Orthognathic surgery</b> 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	

<b>Orthotics and prosthetics</b>	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
		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		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		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		
<b>Pain Management and Injection</b>	Prior authorization required	64490	64493		
<b>Podiatry (foot) services</b>	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).				
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Prostate Procedures</b>	Prior authorization required for dates of service on or after April 1, 2022	37243 53852	52441 55866	52442 55874	53850
<b>Radiation Therapy</b>	Prior authorization required	<b>IGRT</b> 77014      77387      G6001      G6002 G6017 <b>IMRT</b> Intensity-Modulated Radiation Therapy 77385      77386      G6015      G6016 <b>Proton Beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)  77520      77522      77523      77525 <b>Special/Associated Services</b> 77331      77370      77399      77470 <b>SRS/SBRT</b> 77371      77372      77373			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiation Therapy (continued)</b>		<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
		<b>Y90</b> Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445			
<b>Radiology</b>	Prior authorization 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> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	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. Go to <b>UHCprovider.com</b> 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 <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/CAcommunityplan</b> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program Radiology CPT Code List.			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Speech therapy</b> Used to help a person who has speech problems	Speech therapy, podiatry, occupational therapy or audiology services (combined) are limited to				

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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants</b>	Prior authorization required for transplant evaluation	For transplant and CAR T-Cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
	Upon transplant availability, submit member for authorization to the DHCS San Francisco Field Office at <b>800-726-4326</b> . Plan will request emergency disenrollment. <b>NOTE: Plan is responsible for prior authorization and management of kidney and cornea transplants in members over age 21.</b>	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	
		<b>CAR T-Cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
	Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	37700	37718	37722	37765
		37766	37780		
<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 <b>855-282-8929</b> .			
	A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	33975	33976	33979	33981
		33982	33983	Q0507	Q0508

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Ventricular assist devices (VAD) (continued)		Q0509
Wound vac	Prior authorization required	E2402