

Prior Authorization Requirements for California Medi-Cal

Effective August 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-appg (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) | | <p>J1448</p> <p><u>Anti-emetic Drugs that require prior authorization:</u></p> <p>Akynzeo® (palonosetron/fosnetupitant)</p> <p>J1454</p> <p>Cinvanti™ (aprepitant)</p> <p>J0185</p> <p>Emend® (fosaprepitant)</p> <p>J1453</p> <p>Sustol® (granisetron extended release)</p> <p>J1627</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®)</p> <p>J0897</p> <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> |

| | | | | | |
|-----------------------|------------------------------|--------|--------|-------|-------|
| 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) | | 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 | | | |
|---------------------------------------|------------------------|--|----------|----------|----------|
| 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), Leuprolide (J1952) • 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 | 67923 | 67924 | 67950 | |
| | | 67961 | 67966 | | | |
| 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 | 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 | | | |
| Enteral services | Prior authorization required | B4102 | B4103 | B9002 | | |
| In-home nutritional therapy, either enteral or through a gastrostomy tube | | | | | | |
| Experimental and investigational (and/or linked services) | Prior authorization required | 33477 | 36514 | 64722 | 65765 | |
| | | 65767 | 66180 | | | |
| 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 | | |
| 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 | | | |
| 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. | 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. | 81256 | 81257 | 81258 | 81259 | | |
| | | 81260 | 81265 | 81266 | 81267 | | |
| | | 81268 | 81269 | 81271 | 81272 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Genetic and molecular testing to include BRCA (continued) | | 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 | |
| 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------|-------------------------------|--|-----------------|-------|-------|
| Hysterectomy (continued) | | 58275 | 58290 | 58291 | 58292 |
| | | 58541 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58570 | 58571 |
| | | 58572 | 58573 | | |
| | | | Actemra® | | |
| Injectable medications | Prior authorization required* | | | | |
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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|--|--|-------|--|--|
| Injectable medications (continued) | 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 | | | | |
| Ilumya™ | | | | | |
| J3245 | | | | | |
| Inflectra® | | | | | |
| Q5103 | | | | | |
| Injectafer® | | | | | |
| J1439 | | | | | |
| IVIG | | | | | |
| 90283 | 90284 | J1459 | J1554 | | |
| J1555 | J1556 | J1557 | J1559 | | |
| J1561 | J1566 | J1568 | J1569 | | |
| J1572 | J1575 | J1599 | | | |
| Kalbitor® | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | |
|------------------------------------|------------------------|--|-------|-------|
| Injectable medications (continued) | | J1290 | | |
| | | Kanuma® | | |
| | | J2840 | | |
| | | Krystexxa® | | |
| | | J2507 | | |
| | | Lemtrada® | | |
| | | J0202 | | |
| | | Leqvio® | | |
| | | J1306 | | |
| | | Lumizyme® | | |
| | | J0221 | | |
| | | Lupron Depot® | | |
| | | J1950 | | |
| | | Lupron Depot, Eligard® | | |
| | | J9217 | | |
| | | Luxturna™ | | |
| | | J3398 | | |
| | | Makena® | | |
| | | J1726 | J1729 | J2675 |
| | | Mepsevii® | | |
| | | J3397 | | |
| | | Monoferic® | | |
| | | J1437 | | |
| | | Naglazyme® | | |
| | | J1458 | | |
| | | Nexviazyme® | | |
| | | J0219 | | |
| | | Nplate® | | |
| | | J2796 | | |
| | | Nucala® | | |
| | | J2182 | | |
| | | Octreotide Acetate | | |
| | | J2354 | | |
| | | Ocrevus™ | | |
| | | J2350 | | |
| | | Orencia® | | |
| | | J0129 | | |
| | | Onpattro™ | | |
| | | J0222 | | |
| | | Oxlumo™ | | |
| | | J0224 | | |
| | | Parsabiv™ | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|---------------------------|--|-------|-------|--|
| Injectable medications (continued) | | 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 | | | |
| | | Ryplazim® | | | |
| | | J2998 | | | |
| | | Sandostatin® LAR | | | |
| | | J2353 | | | |
| | | Saphnelo™ | | | |
| | | J0491 | | | |
| | | Scenesse® | | | |
| | J7352 | | | | |
| | Signifor® LAR | | | | |
| | J2502 | | | | |
| | Simponi Aria® | | | | |
| | J1602 | | | | |
| | Sodium Hyaluronate | | | | |
| | J7320 | J7321 | J7322 | J7324 | |
| | J7325 | J7326 | J7327 | J7329 | |
| | J7331 | J7332 | | | |
| | Somatuline® Depot | | | | |
| | J1930 | | | | |
| | Soliris® | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|------------------------|--|--|-------|---|
| Injectable medications (continued) | | J1300 | Spinraza™ | J2326 | Stelara® |
| | | J3358 | Supprelin® LA | J9226 | Synagis® |
| | | 90378 | Tepezza® | J3241 | Therapeutic Radiopharmaceuticals |
| | | A9513 | A9590 | A9606 | A9699 |
| | | J3315 | Trelstar® | | |
| | | J3316 | Triptodur® | | |
| | | J1746 | Trogarzo™ | | |
| | | Q5115 | Truxima® | | |
| | | J1303 | Ultomiris™ | | |
| | | | Unclassified and temporary codes** | | |
| | | C9090 | C9399 | J3490 | J3590 |
| | | | Uplizna® | | |
| | | J1823 | Vantas™ | | |
| | | J9225 | Viltepso™ | | |
| | | J1427 | Vimizim® | | |
| | | J1322 | Vyepti™ | | |
| | | J3032 | Vyondys 53® | | |
| | | J1429 | Vyvgart™ | | |
| | | J9332 | White blood cell colony stimulating factors | | |
| | | J1442 | J1447 | J2506 | Q5101 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Injectable medications (continued) | | Q5108 | Q5110 | Q5111 | Q5120 |
| | | Q5122 | | | |
| | | Xembify® | | | |
| | | J1558 | | | |
| | | Xolair® | | | |
| | | J2357 | | | |
| | | Zemaira® | | | |
| | | J0256 | | | |
| | | Zoladex® | | | |
| | | J9202 | | | |
| | <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>** For unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Lupaneta Pack™, Nulibry™ and Purified Cortrophin™ Gel</p> | | | | |
| | <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> | | | | |
| Joint replacement | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| Joint, total hip and knee replacement procedures | | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27125 |
| | | 27130 | 27132 | 27134 | 27137 |
| | | 27138 | 27412 | 27446 | 27447 |
| | | 27486 | 27487 | 29866 | 29867 |
| | | 29868 | | | |
| Non-emergent air ambulance transport | Prior authorization required | A0430 | A0431 | A0435 | A0436 |
| Occupational therapy | Occupational therapy, speech therapy, audiology or podiatry services (combined) are limited | | | | |
| Used to help a person maintain or improve daily | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| living skills after an illness or a disability | 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 |
| | | 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 |

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Orthotics and prosthetics (continued) | | 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 |
| | | G6017 | | | |
| | | IMRT | | | |
| | | Intensity-Modulated Radiation Therapy | | | |
| | | 77385 | 77386 | G6015 | G6016 |
| | | Proton Beam | | | |
| | | Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) | | | |
| | | 77520 | 77522 | 77523 | 77525 |
| | | Special/Associated Services | | | |
| | | 77331 | 77370 | 77399 | 77470 |
| | | SRS/SBRT | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|-------|-------|-------|
| Radiation Therapy (continued) | | 77371 | 77372 | 77373 | |
| | | Standard Radiation Therapy (2D/3D) | | | |
| | | Prior Auth required only when obtained with diagnosis codes in the following ranges: | | | |
| | | C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A D05.00 - D05.92 | | | |
| | | 77401 | 77402 | 77407 | 77412 |
| | | G6003 | G6004 | G6005 | G6006 |
| | | G6007 | G6008 | G6009 | G6010 |
| | | G6011 | G6012 | G6013 | G6014 |
| | | Y90 | | | |
| | | Implantable Beta-Emitting Microspheres for treatment of malignant tumors | | | |
| | 79445 | | | | |
| Radiology | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures | <p>Care providers 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 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 866-889-8054.</p> <p>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.</p> | | | |
| Rhinoplasty and septoplasty | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| Treatment of nasal functional impairment and septal deviation | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | | | |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Sleep apnea procedures and surgeries | Prior authorization required | 21685 | 41599 | 42145 | |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | | | | | |
| Speech therapy | Speech therapy, podiatry, occupational therapy or audiology | | | | |

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

Used to help a person who has speech problems

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 |
| | | 63270 | 63271 | 63272 | 63286 |
| | | 63300 | 63301 | 63302 | 63303 |
| | | 63304 | 63305 | 63306 | 63307 |
| | | 63308 | | | |

Stimulators Prior authorization required

Implantation of a device that sends electrical impulses

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 | | | |
|---|---|---|-------|-------|-------|
| Transplants | Prior authorization required for transplant evaluation | For transplant and CAR T-Cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | 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. | 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 |
| | | C9098 | J9999 | Q2041 | Q2042 |
| | | Q2053 | Q2054 | Q2055 | |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis | | | |
| Vein procedures | 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 | | |
| Ventricular assist devices (VAD) | Prior authorization required | Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 . | | | |
| | A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | 33975 | 33976 | 33979 | 33981 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| Ventricular assist devices (VAD) (continued) | | 33982 | 33983 | Q0507 | Q0508 |
| Wound vac | Prior authorization required | E2402 | | | |