

Prior Authorization Requirements for California Medi-Cal

Effective Nov. 1, 2021

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, J2505, 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®) J2505*</p> <p>Pegfilgrastim-appgf (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><u>Anti-emetic Drugs that require prior authorization:</u></p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive services (continued)		<p>Akynzeo® (palonosetron/fosnetupitant) J1454</p> <p>Aloxi® (palonosetron) J2469</p> <p>Cinvanti™ (aprepitant) J0185</p> <p>Emend® (fosaprepitant) J1453</p> <p>Sustol® (granisetron extended release) J1627</p> <p><u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®) 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*
		*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
		I70.263 I70.268 I70.269 I70.291
		I70.292 I70.293 I70.298 I70.299
		I70.301 I70.302 I70.303 I70.308

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		95720	95722	95724	95726

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 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 .			
Circumcision	Prior authorization required	54161			
Cochlear implants and other auditory implants	Prior authorization required	69710 69930	69714 L8614	69715 L8619	69718
A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech					
Continuous Glucose Monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	E0787	K0553	K0554
Cosmetic and reconstructive procedures	Prior authorization required	11960 14060 15821 15847 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	11971 14061 15822 15877 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14020 14301 15823 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924	14021 15820 15830 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function					
Reconstructive procedures that treat a medical condition or improve or restore physiologic function					
Dental anesthesia	Prior authorization required	00170	D9223	D9243	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
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 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	36514	55866	64722	
		65765	65767	66180		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916		
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 :				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (continued)		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
	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
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		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 Amondys 45 J1426 Avsola™ Q5121 Benlysta J0490 Berinert® J0597 Botulinum toxins J0585 J0586 J0587 J0588 Brineura™ J0567 Cerezyme® J1786 Cimzia®* J0717 Cinqair® J2786 Cinryze® J0598 Crysvita® J0584 Elelyso®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J3060			
		Entyvio®			
		J3380			
		Erythropoiesis Stimulating Agents****			
		J0885			
		Evenity™			
		J3111			
		Evkeeza™			
		J1305			
		Exondys 51™			
		J1428			
		Fasenra™			
		J0517			
		Fensolvi®			
		J1951			
		Feraheme®			
		Q0138			
		Firmagon®			
		J9155			
		Gamifant®			
		J9210			
		Givlaari®			
		J0223			
		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®			
		J1290			
		Krystexxa®			
		J2507			
		Lemtrada®			
		J0202			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)		Lupron Depot®		
		J1950		
		Lupron Depot, Eligard®		
		J9217		
		Luxturna™		
		J3398		
		Makena®		
		J1726	J1729	J2675
		Monoferric®		
		J1437		
		Nplate®		
		J2796		
		Nucala®		
		J2182		
		Octreotide Acetate		
		J2354		
		Ocrevus™		
		J2350		
		Orencia®		
		J0129		
		Onpattro™		
		J0222		
		Oxlumo™		
	J0224			
	Parsabiv™			
	J0606			
	Radicava®			
	J1301			
	Reblozyl®			
	J0896			
	Remicade®			
	J1745			
	Renflexis®			
	Q5104			
	Riabni™			
	Q5123			
	Rituxan®			
	J9312			
	Rituxan Hycela®			
	J9311			
	Ruconest®			
	J0596			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Ruxience®	Q5119			
	Sandostatin® LAR	J2353			
	Scenesse®	J7352			
	Signifor® LAR	J2502			
	Simponi Aria®	J1602			
	Sodium Hyaluronate	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****	C9399	J3490	J3590	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<p>Uplizna® J1823</p> <p>Vantas™ J9225</p> <p>Viltepso™ J1427</p> <p>Vyepti™ J3032</p> <p>Vyondys 53® J1429</p> <p>White blood cell colony stimulating factors***</p> <p>J1442 J1447 J2505 Q5101</p> <p>Q5108 Q5110 Q5111 Q5120</p> <p>Q5122</p> <p>Xembify® J1558</p> <p>Xolair® J2357</p> <p>Zoladex® J9202</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>			
		<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, J2505, 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</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<p>Provider Portal > Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210.</p> <p>****For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, and Lupaneta Pack™</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 Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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
		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	64491	64492	64493
		64494	64495		
Podiatry (foot) services	<p>Podiatry, occupational therapy, speech therapy, or audiology services (combined) are limited to two visits in any one (1) calendar month without prior authorization.</p> <p>Additional services may be provided, as medically necessary, through UnitedHealthcare Community Plan of California, Inc. with pre-approval (prior authorization).</p>				

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Radiation Therapy	Prior authorization required	<p>IGRT 77014 77387 G6001 G6002 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	<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>
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (continued)		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.			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
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 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization							
Spinal Surgery (continued)		63102	63170	63172	63173				
		63185	63190	63191	63194				
		63195	63196	63198	63199				
		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					
	Transplants	Prior authorization required for transplant evaluation	<p>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.</p>						
<p>Upon transplant availability, submit member for authorization to the DHCS San Francisco Field Office at 800-726-4326.</p> <p>Plan will request emergency disenrollment.</p> <p>NOTE: Plan is responsible for prior authorization and management of kidney and cornea transplants in members over age 21.</p>		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									

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (continued)		0537T C0981** J9999** Q2054	0538T C9399** Q2041	0539T J3490** Q2042	0540T J3590** Q2053
*Code 38232 will only require prior authorization for an oncology diagnosis					
**For unclassified and temporary codes C9081, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma®					
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			