

Prior Authorization Requirements for California Medi-Cal

Effective Dec. 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	Behavioral health services are covered through a designated behavioral health network. Serious mental illness services are provided by County Behavioral Health. San Diego Access & Crisis Line: <ul style="list-style-type: none"> • Online: optumsandiego.com • Phone: 888-724-7240 	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. <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	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis * Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.	Injectable colony-stimulating factor drugs that require prior authorization: Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-sndz (Zarxio®) Q5101* Pegfilgrastim (Neulasta®) J2505* Pegfilgrastim-appf (Nyvepria™) Q5122 Pegfilgrastim-bmez (Ziextenzo®) Q5120* Pegfilgrastim-cbqv (UDENYCA™) Q5111* Pegfilgrastim-jmdb (Fulphila™) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* <u>Anti-emetic Drugs that require prior authorization:</u>			

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>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
I70.309	I70.311	I70.312	I70.313
I70.318	I70.319	I70.321	I70.322

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (continued)		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	
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous,	Injectable chemotherapy drugs that require prior authorization:				
		<ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641), 				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Chemotherapy (continued)	intravesical and intrathecal for a cancer diagnosis	J0642), Lupron Depot (J1950) <ul style="list-style-type: none"> • 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	
Durable Medical Equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9900 E0328 E0465 E0483 E0670	E0194 E0329 E0466 E0637 E0766	E0277 E0445 E0470 E0656 E0784	E0300 E0460 E0471 E0669 E0984

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable Medical Equipment (DME) (continued)	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 65765	36514 65767	55866 66180	64722
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (continued)		19303	31899	53410	53430
		54125	54400	54401	54405
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58542	58554
		58661	58720	58940	64856
		64892	64896		
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81170	81171	81172	81173
		81174	81177	81178	81179
		81180	81181	81182	81183
		81184	81185	81186	81187
		81188	81189	81190	81201
		81203	81204	81208	81212
		81216	81218	81225	81233
		81234	81236	81237	81239
		81243	81244	81245	81246
		81250	81256	81257	81260
		81265	81266	81267	81268
		81271	81272	81273	81274
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81276	81284	81285	81286
		81287	81288	81289	81292
		81294	81295	81297	81298
		81300	81305	81306	81310
		81312	81314	81315	81316
		81317	81318	81319	81320
		81321	81322	81323	81329
		81331	81336	81337	81343
		81344	81345	81370	81371
		81372	81373	81375	81376
		81377	81378	81379	81380
		81381	81382	81383	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81413	81414	81420	81432
		81433	81435	81436	81439
81479	81507	81518	81519		
81522	81546	81599	87481		
87482	87505	87506	87507		
87510	87511	87512	87797		
87798	87799	87800	87801		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	S9474	
Hysterectomy		58150 58262 58275 58541 58552 58572	58152 58263 58290 58543 58553 58573	58180 58267 58291 58544 58570	58260 58270 58292 58550 58571
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 Ellyso® J3060 Entyvio® J3380 Erythropoiesis Stimulating Agents**** J0885			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	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					
Lupron Depot®					
J1950					
Lupron Depot, Eligard®					
J9217					
Luxturna™					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)		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	
		Ruxience®	
		Q5119	
		Sandostatin® LAR	
		J2353	
		Scenesse®	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		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		
	Uplizna®				
	J1823				
	Vantas™				
	J9225				
	Viltepso™				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<p>J1427</p> <p>Vyepti™</p> <p>J3032</p> <p>Vyondys 53®</p> <p>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®</p> <p>J1558</p> <p>Xolair®</p> <p>J2357</p> <p>Zoladex®</p> <p>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 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>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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
		L0820	L0830	L0859	L0861
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1830	L1831

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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
		L5845	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5973	L5976	L5979	L5980
		L5981	L5982	L5984	L5986

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	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	
Radiation Therapy	Prior authorization required	IGRT			
		77014	77387	G6001	G6002
		G6017			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Radiation Therapy (continued)		<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> <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>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Speech therapy Used to help a person who has speech problems	Speech therapy, podiatry, occupational therapy or audiology services (combined) are limited to two visits in any one calendar month without prior authorization. Additional services may be provided, as medically necessary, through UnitedHealthcare Community Plan of California, Inc. with pre-approval (prior authorization).				
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	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	63194
63195	63196	63198	63199		
63200	63250	63251	63252		
63265	63267	63268	63270		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal Surgery (continued)		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	<p>Prior authorization required for transplant evaluation</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>	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 888-936-7246 or the notification number on the back of the member's health plan ID card.	
32850	32851			32852	32853
32854	32855			32856	33930
33933	33935			33940	33944
33945	38208			38209	38210
38212	38213			38214	38215
38232*	38240			38241	38242
44132	44133			44135	44136
44137	44715			44720	44721
47133	47135			47140	47141
47142	47143			47144	47145
47146	47147			48551	48552
48554	50300			50320	50323
50325	50340			50360	50365
50370	50380			50547	
CAR T-Cell therapy					
0537T	0538T			0539T	0540T
C0981**	C9399**			J3490**	J3590**
J9999**	Q2041			Q2042	Q2053
Q2054					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (continued)		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**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	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
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	33976	33979	33981
		33982	33983	Q0507	Q0508
		Q0509			
Wound vac	Prior authorization required	E2402			