

# Prior Authorization Requirements for California Medi-Cal

Effective May 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 Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** 866-270-5785
- **Fax:** 855-432-2828; fax form is available at **UHCprovider.com/CAcommunityplan** > Prior Authorization and Notification Resources > Prior Authorization Paper Fax Forms.

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

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

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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Behavioral health services</b>	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"> <li>Online: <b>optumsandiego.com</b></li> <li>Phone: <b>888-724-7240</b></li> </ul>	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"> <li>For ABA Therapy, submit via fax or Provider Express</li> </ul>			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396		
<b>Cancer supportive services</b>	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.	<b>Injectable colony-stimulating factor drugs that require prior authorization:</b> <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym™)</b> Q5110* <b>Filgrastim-sndz (Zarxio®)</b> Q5101* <b>Pegfilgrastim (Neulasta®)</b> J2505* <b>Pegfilgrastim-appgf (Nyvepria™)</b> Q5122 <b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120* <b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111* <b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108* <b>Sargramostim (Leukine®)</b> J2820 <b>Tbo-filgrastim (Granix®)</b> J1447* <u><b>Bone-modifying agent that requires prior authorization:</b></u>			

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

Cancer supportive services (continued)

**Denosumab (Xgeva®)**  
J0897

Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call **888-397-8129**.

**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
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.391	I70.392	I70.393
I70.399	I70.401	I70.402	I70.403
I70.408	I70.409	I70.411	I70.412
I70.413	I70.418	I70.421	I70.422
I70.423	I70.428	I70.429	I70.431



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9
		173.89	173.9	174.3	174.4
		174.5	174.8	174.9	175.021

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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	
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	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
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b>			
		<ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul>			
		Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call <b>888-397-8129</b> .			
<b>Circumcision</b>	Prior authorization required	54161			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cochlear implants and other auditory implants</b>	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					
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960 15822 15877 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	11971 15823 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 67966	15820 15830 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	15821 15847 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
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					
<b>Dental anesthesia</b>	Prior authorization required	00170	D9223	D9243	
<b>Durable Medical Equipment (DME)</b>	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9900 E0328 E0465 E0483 E0670 E0787 E1003 E1007 E1030 E1161 E1233 E1237 E2100 E2230 E2311 E2329	E0194 E0329 E0466 E0637 E0710 E0984 E1004 E1008 E1035 E1229 E1234 E1238 E2210 E2300 E2322 E2331	E0277 E0445 E0470 E0656 E0766 E0986 E1005 E1009 E1036 E1231 E1235 E1239 E2227 E2301 E2325 E2351	E0300 E0460 E0471 E0669 E0784 E1002 E1006 E1010 E1130 E1232 E1236 E1399 E2228 E2310 E2327 E2373
Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable Medical Equipment (DME) (continued)</b>		E2510	E2511	E2512	E2599
		E2626	E2627	E2628	E2629
		E2630	E8000	K0005	K0008
		K0013	K0108	K0812	K0830
		K0831	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040
		T1999			
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4102	B4103	B4150	B4152
		B4153	B4155	B4158	B4159
		B4160	B4161	B9002	
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>DX codes:</b>			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14041	15734
		15738	15750	15757	15758
		19303	31899	53410	53430
		54125	54400	54401	54405
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58150	58180
		58260	58262	58290	58291
		58541	58542	58543	58544

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gender dysphoria treatment (continued)</b>		58550	58552	58553	58554
		58570	58571	58572	58573
		58661	58720	58940	64856
		64892	64896		
<b>Genetic and molecular testing to include BRCA</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
	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
		81202	81203	81204	81206
		81207	81208	81210	81212
		81215	81216	81217	81218
		81219	81225	81233	81234
		81235	81236	81237	81239
	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.	81243	81244	81245	81246
		81250	81256	81257	81260
		81265	81266	81267	81268
		81270	81271	81272	81273
		81274	81275	81276	81284
		81285	81286	81287	81288
		81289	81292	81293	81294
		81295	81296	81297	81298
		81299	81300	81301	81305
		81306	81310	81311	81312
		81314	81315	81316	81317
		81318	81319	81320	81321
		81322	81323	81329	81331
		81336	81337	81343	81344
		81345	81370	81371	81372
		81373	81374	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		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		87798	87799	87800	87801
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	S9474	
Injectable medications	Prior authorization required	<b>Actemra®</b> J3262 <b>Acthar®</b> J0800 <b>Adakveo®</b> J0791 <b>Avsola™</b> Q5121 <b>Benlysta</b> J0490 <b>Berinert®</b> J0597 <b>Botulinum toxins</b> J0585                      J0586                      J0587                      J0588 <b>Brineura™</b> J0567 <b>Cerezyme®</b> J1786 <b>Cimzia®*</b> J0717 <b>Cinqair®</b> J2786 <b>Cinryze®</b> J0598 <b>Crysvita®</b> J0584 <b>Ellyso®</b> J3060 <b>Entyvio®</b> J3380 <b>Erythropoiesis Stimulating Agents****</b> J0885 <b>Evenity™</b> J3111 <b>Exondys 51™</b> J1428 <b>Fasenra™</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J0517			
		<b>Feraheme®</b>			
		Q0138			
		<b>Gamifant®</b>			
		J9210			
		<b>Givlaari®</b>			
		J0223			
			<b>Ilaris®</b>		
		J0638			
		<b>Ilumya™</b>			
		J3245			
		<b>Inflectra®</b>			
		Q5103			
		<b>Injectafer®</b>			
		J1439			
		<b>IVIG</b>			
		90283	90284	J1459	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
		<b>Kalbitor®</b>			
		J1290			
		<b>Lemtrada®</b>			
		J0202			
		<b>Luxturna™</b>			
		J3398			
		<b>Makena®</b>			
		J1726	J1729	J2675	
		<b>Monoferric®</b>			
		J1437			
		<b>Nucala®</b>			
	J2182				
	<b>Ocrevus™</b>				
	J2350				
	<b>Orencia®</b>				
	J0129				
	<b>Onpattro™</b>				
	J0222				
	<b>Parsabiv™</b>				
	J0606				
	<b>Radicava®</b>				
	J1301				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Reblozyl®</b>	J0896			
	<b>Remicade®</b>	J1745			
	<b>Renflexis®</b>	Q5104			
	<b>Rituxan®</b>	J9312			
	<b>Rituxan Hycela®</b>	J9311			
	<b>Ruconest®</b>	J0596			
	<b>Ruxience®</b>	Q5119			
	<b>Scenesse®</b>	J7352			
	<b>Simponi Aria®</b>	J1602			
	<b>Sodium Hyaluronate</b>	J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
	<b>Soliris®</b>	J1300			
	<b>Spinraza™</b>	J2326			
	<b>Stelara®</b>	J3358			
	<b>Synagis®</b>	90378			
	<b>Tepezza®</b>	J3241			
	<b>Therapeutic Radiopharmaceuticals**</b>	A9513	A9590	A9606	A9699
	<b>Trogarzo™</b>	J1746			
	<b>Truxima®</b>	Q5115			
	<b>Ultomiris™</b>	J1303			
	<b>Unclassified and temporary codes****</b>	C9399	J3490	J3590	

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

**Injectable medications (continued)**

**Uplizna®**  
J1823

**Viltepso™**  
J1427

**Vyepti™**  
J3032

**Vyondys 53®**  
J1429

**White blood cell colony stimulating factors\*\*\***  
J1442      J1447      J2505      Q5101  
Q5108      Q5110      Q5111      Q5120  
Q5122

**Xembify®**  
J1558

**Xolair®**  
J2357

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

- \*Please obtain prior notification for Cimzia through Magellan prior notifications services at 800-788-4005.
- \*\*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link.  
Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.  
Or, call **888-397-8129**.
- \*\*\* 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** > Link > Prior Authorization and Notification tool on your link dashboard or call 877-842-3210.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		<p>**** For Unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®</p> <p>***** For code J0885, prior authorization is required for both oncology and non-oncology DX.</p> <p>Prior authorization is not required for ESRD diagnosis.</p>			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	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		
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0428	A0430	A0431	A0435
		A0436			
<b>Occupational therapy</b> Used to help a person maintain or improve daily living skills after an illness or a disability	Occupational therapy, speech therapy, audiology or podiatry services (combined) are limited to two visits in any one calendar month without prior authorization.  Additional services may be provided, as medically necessary, through UnitedHealthcare Community Plan of California, Inc. with pre-approval (prior authorization).				
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	L0170	L0456	L0462	L0464
		L0480	L0482	L0484	L0486
		L0624	L0629	L0631	L0632
		L0634	L0636	L0637	L0638
		L0640	L0700	L0710	L0810
		L0820	L0830	L0859	L0861

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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
		L5845	L5848	L5857	L5858

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		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	
<b>Podiatry (foot) services</b>	<p>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).</p>				
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.  For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/CAcommunityplan</b> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program Radiology CPT Code List.			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Speech therapy</b> Used to help a person who has speech problems	Speech therapy, podiatry, occupational therapy or audiology services (combined) are limited to 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).				
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Spinal surgery (continued)</b>		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	
		63271	63272	63286	63300	
	63301	63302	63303	63304		
	63305	63306	63307	63308		
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>				
Implantation of a device that sends electrical impulses		E0747	E0748	E0760		
		<b>Neurostimulator</b>				
		43648	43881	43882	61863	
		61864	61867	61868	61885	
		61886	63650	63655	63685	
		64553	64555	64568	64570	
		64590	L8680	L8682	L8685	
		L8686	L8687	L8688		
	<b>Transplants</b>	Prior authorization required for transplant evaluation	For transplant and CAR T-Cell therapy services, including Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		Upon transplant availability, submit member for authorization to the DHCS San Francisco Field Office at <b>800-726-4326</b> .				
	Plan will request emergency disenrollment.	32850	32851	32852	32853	
	<b>NOTE: Plan is responsible for prior authorization and management of kidney and</b>	32854	32855	32856	33930	
		33933	33935	33940	33944	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization					
<b>Transplants (continued)</b>	<b>cornea transplants in members over age 21.</b>	33945	38208	38209	38210		
		38212	38213	38214	38215		
		38232*	38240	38241	38242		
		44132	44133	44135	44136		
		44137	44715	44720	44721		
		47133	47135	47140	47141		
		47142	47143	47144	47145		
		47146	47147	48551	48552		
		48554	50300	50320	50323		
		50325	50340	50360	50365		
		50370	50380	50547			
		<b>CAR T-Cell therapy</b>					
				0537T	0538T	0539T	0540T
				Q2041	Q2042	Q2053	
*Code 38232 will only require prior authorization for an oncology diagnosis							
**For unclassified and temporary codes C9073, J3490, J3590 and J9999 prior authorization is only required for Tecartus™							
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478		
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780		
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .					
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33975	33976	33979	33981		
		33982	33983	Q0507	Q0508		
		Q0509					
<b>Wound vac</b>	Prior authorization required	E2402					