

Prior authorization requirements for Ohio Medicaid

Effective November 1, 2025

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Ohio health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **888-702-2202**
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms**.

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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Abortion – pregnancy termination	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
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	Prior authorization required	11971	19316	19318	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
following mastectomy		
Cancer supportive care	Prior authorization is required for colony-stimulating factor drugs, erythropoiesis stimulating agents and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. *Codes J1442, J1447 J2506, Q5101, Q5108, Q5110, Q5111, Q5120 Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Eflapegrastim-xnst (Rolvedon®) J1449 Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-ayow (Releuko®) Q5125* Filgrastim-sndz (Zarxio®) Q5101* Pegfilgrastim (Neulasta®) J2506* Pegfilgrastim-apgf (Nyvepria™) Q5122* Pegfilgrastim-bmez (Ziextenzo®) Q5120* Pegfilgrastim-cbqv (UDENYCA™) Q5111* Pegfilgrastim-jmdb (Fulphila™) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448 <u>Anti-emetic Drugs that require prior authorization:</u> Emend® (fosaprepitant) J1453 Sustol® (granisetron extended release) J1627 <u>Bone-modifying agent that requires prior authorization:</u> Denosumab J0897 <u>Erythropoiesis-Stimulating Agents</u> J0885 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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Notification tile on your Provider Portal dashboard. Or, call **888-397-8129**.

Cardiovascular	Prior authorization required	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580	
		*Prior authorization is not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	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	I70.321	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	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cardiovascular (cont.)		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cerebral seizure monitoring – inpatient video EEG	Prior authorization is required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
	ambulatory surgical center.				
Chemotherapy	Prior authorization is 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: - Chemotherapy injectable drugs (J9000 –J9999), Leucovorin (J0640) and 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 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 tile on your Provider Portal dashboard. Or, call 888-397-8129.			
Cochlear implants and other auditory implants A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	
Continuous glucose monitor	Prior authorization required	A4226 E2103	A4239	E0787	E2102
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance	Prior authorization required	11960 15830 17108 21139 21180 21184 21275	14020* 15847 17999 21172 21181 21230 21280	14021* 17106 21137 21175 21182 21235 21282	14061* 17107 21138 21179 21183 21256 21295

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
without		21740	21742	21743	28344
significantly		30620	67900	67901	67902
improving or		67903	67904	67906	67908
restoring		67909	67911	67912	67914
physiological		67915	67916	67917	67921
function		67922	67923	67924	67950
Reconstructive		67961	67966	Q2026	
procedures		*Prior authorization not required when billed with the following diagnosis codes:			
that treat a					
medical condition					
or improve or					
restore					
physiologic		C43.0	C43.10	C43.111	C43.112
function		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Drug screening	Prior authorization required	G0483			
Durable medical equipment (DME) – incontinence supplies	Incontinence supplies are a benefit only when provided through Edgepark® Medical Supplies.	To request incontinence supplies, please call Edgepark Medical Supplies at 844-564-1008			
Durable medical equipment (DME)	Prior authorization required	Prior authorization is required regardless of billed amount:			
		A6550	A9270	E0849	E1239
		E1800	E1805	E2310	E2311
		K0812	K0830	K0831	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		L2006	L3702	L3913	L7400
		L7403	L8679	L8694	L8699
	Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$500:	E0194	E0277	E0328	E0329
		E0457	E0483	E0669	E0700
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1030	E1130	E1161
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E2322	E2325	E2327	E2329
		E2373	E2510	E2511	E2512

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
		E2599 K0005	E8000 K0108	E8001 S1040	E8002
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4152 B4160	B4035 B4103 B4153 B4161	B4036 B4104 B4155 B9002	B4100 B4150 B4159 B9998
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	66180
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 These surgical codes with the following DX codes: F64.0 F64.9 14000 15738 19303 54520 55180 57110 58940	55980 F64.1 Z87.890 14001 15750 53410 54660 56625 57335 64856	F64.2 14041 15757 53430 54690 56800 58661 64892	F64.8 15734 15758 54125 55175 56805 58720 64896
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test	81162 81229 81401 81405 81410 81414 81425 81432 81440 81448 81455 81460 81465	81163 81277 81402 81406 81411 81415 81426 81435 81441 81449 81457 81462 81471	81164 81349 81403 81407 81412 81416 81427 81437 81443 81450 81458 81463 81479	81228 81400 81404 81408 81413 81417 81431 81439 81445 81451 81459 81464 81518

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Genetic and molecular testing to include BRCA (cont.)	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.	81519	81520	81521	81522
		81523	81541	81542	81546
		81552	81595	81599	87505
		87506	87507	0006M	0007M
		0018U	0022U	0023U	0026U
		0037U	0047U	0048U	0050U
		0055U	0087U	0088U	0094U
		0101U	0102U	0103U	0111U
		0114U	0118U	0129U	0154U
		0170U	0171U	0172U	0173U
		0175U	0179U	0209U	0211U
		0212U	0213U	0214U	0215U
		0216U	0217U	0218U	0233U
		0237U	0238U	0239U	0242U
	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.	0244U	0245U	0250U	0258U
		0265U	0268U	0269U	0270U
		0271U	0272U	0273U	0274U
		0276U	0277U	0278U	0282U
		0285U	0286U	0288U	0289U
		0290U	0291U	0292U	0293U
		0294U	0306U	0307U	0318U
		0319U	0320U	0326U	0334U
		0345U	0355U	0364U	0378U
		0379U	0388U	0389U	0391U
		0395U	0398U	0409U	0417U
		0425U	0426U	0437U	0444U
		0449U	0465U	0471U	0473U
		0474U	0475U	S3854	S3865
		S3870			
Home health care	Prior authorization is required only in outpatient settings, to include member's home.	G0151	G0152	G0153	G0156
		G0299	G0300		
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization required	Actemra®			
		J3262			
		Acthar®			
		J0801			
		Adakveo®			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		J0791			
		Adzynma			
		J7171			
		Aldurazyme®			
		J1931			
		Alhemo			
		J7173			
		Amondys 45			
		J1426			
		Amvuttra™			
		J0225			
		Aralast NP®			
		J0256			
		Avsola™			
		Q5121			
		Azmiro			
		J1072			
		Benlysta			
		J0490			
		Berinert®			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Bkemv			
		Q5152			
		Brineura™			
		J0567			
		Briumvi®			
		J2329			
		Cerezyme®			
		J1786			
		Cimzia®			
		J0717			
		Cinqair®			
		J2786			
		Cinryze®			
		J0598			
		Cortrophin™ Gel			
		J0802			
		Cosentyx IV			
		J3247			
		Crysvita®			
		J0584			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Cutaquig®
		J1551
		Daxxify
		J0589
		Elaprase®
		J1743
		Elelyso®
		J3060
		Elfabrio®
		J2508
		Encelto
		J3403
		Enjaymo™
		J1302
		Entyvio®
		J3380
		Epysqli
		Q5151
		Evenity™
		J3111
		Evkeeza™
		J1305
		Exondys 51™
		J1428
		Eylea HD
		J0177
		Fabrazyme®
		J0180
		Fasenra™
		J0517
		Feraheme®
		Q0138
		Fensolvi®
		J1951
		Firmagon®
		J9155
		Fylnetra®
		Q5130
		Gamifant®
		J9210
		Givlaari®
		J0223
		Glassia®

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		J0257			
		Hemlibra			
		J7170			
		Hympavzi			
		J7172			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Imuldosa IV			
		Q5098			
		Inflectra®			
		Q5103			
		Injectafer®			
		J1439			
		IVIG			
		90284	J1459	J1552	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
		Izervay			
		J2782			
		Jubbonti-Wyost			
		Q5136			
		Kalbitor®			
		J1290			
		Kanuma®			
		J2840			
		Kisunla			
		J0175			
		Korsuva®			
		J0879			
		Krystexxa®			
		J2507			
		Lamzede®			
		J0217			
		Lanreotide			
		J1932			
		Lemtrada®			
		J0202			
		Leqembi®			
		J0174			
		Leqvio®			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J1306
		Lumizyme®
		J0221
		Lupron Depot®
		J1950
		Lupron Depot, Eligard®
		J9217
		Lutrate Depot
		J1954
		Luxturna™
		J3398
		Mepsevii®
		J3397
		Monoferic®
		J1437
		Naglazyme®
		J1458
		Nexviazyme®
		J0219
		Niktimvo
		J9038
		Nplate®
		J2802
		Nucala®
		J2182
		Nulibry
		J1809
		Nypozi
		Q5148
		Ocrevus™
		J2350
		Ocrevus Zunovo
		J2351
		Octreotide Acetate
		J2354
		OmvoH IV
		J2267
		Onpattro™
		J0222
		Orencia®
		J0129
		Otulf IV
		Q9999

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		Oxlumo™
		J0224
		Panzyga®
		J1576
		Parsabiv™
		J0606
		PiaSky
		J1307
		Pombiliti
		J1203
		Prolastin C®
		J0256
		Prolia®
		J0897*****
		Pyzchiva IV
		Q9997
		Qalsody®
		J1304
		Qfitlia
		J7174
		Radicava®
		J1301
		Reblozyl®
		J0896
		Remicade®
		J1745
		Renflexis®
		Q5104
		Riabni™
		Q5123
		Releuko®
		Q5125
		Revcovi®
		J3590
		Rituxan®
		J9312
		Rituxan Hycela®
		J9311
		Rolvedon™
		J1449
		Ruconest®
		J0596
		Ruxience®

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		Q5119			
		Ryplazim®			
		J2998			
		Rystiggo			
		J9333			
		Sandostatin® LAR			
		J2353			
		Saphnelo™			
		J0491			
		Scenesse®			
		J7352			
		Selarsdi			
		Q9998			
		Signifor® LAR			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Soliris®			
		J1299			
		Somatuline® Depot			
		J1930			
		Spinraza™			
		J2326			
		Spevigo®			
		J1747			
		Stelara®			
		J3358			
		Steqeyma IV			
		Q5099			
		Stimufend®			
		Q5127			
		Supprelin® LA			
		J9226			
		Syfovre®			
		J2781			
		Synagis®			
		90378			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		Tepezza®			
		J3241			
		Tezspire™			
		J2356			
		Therapeutic Radiopharmaceuticals***			
		A9513	A9590	A9606	A9607
		A9699			
		Tofidence			
		Q5133			
		Trelstar®			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur®			
		J3316			
		Truxima®			
		Q5115			
		Tyenne			
		Q5135			
		Tziel™			
		J9381			
		Ultomiris™			
		J1303			
		Unclassified and temporary codes**			
		C9399	J3490	J3590	
		Uplizna®			
		J1823			
		Veopoz			
		J9376			
		Viltepso™			
		J1427			
		Vimizim®			
		J1322			
		Vyepti™			
		J3032			
		Vyjuvek™			
		J3401			
		Vyondys 53®			
		J1429			
		Vyvgart™			
		J9332			
		Vyvgart Hytrulo			
		J9334			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Injectable medications (cont.)

Wezlana IV

Q5138

White blood cell colony stimulating factors****

J1442	J1447	J2506	Q5101
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Q5108	Q5110	Q5111	Q5120
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Q5122

Xembify®

J1558

Xenpozyme™

J0218

Xolair®

J2357

Yesintek IV

Q5100

Zemaira®

J0256

Zoladex®

J9202

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.

** For Unclassified codes C9399, J3490 and J3590 prior authorization is only required for Rivfloza

***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 tile on your Provider Portal dashboard. Or, call 888-397-8129.

****Codes J1442, J1447 J2506, Q5101, Q5108, Q5110 Q5111, Q5120, Q5122 and Q5125, 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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		above. For non-oncology DX, submit online at UHCProvider.com > UnitedHealthcare Provider Portal> Prior Authorization and Notification tile on your Provider Portal dashboard or call 877-842-3210. Prior authorization is not required for ESRD diagnosis. ***** Prior authorization required for J0897 for non oncology DX.			
Inpatient admissions – post-acute services	Prior authorization and notification of admission date is required for facilities providing post-acute inpatient services: • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities				
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	J7330		
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0170	L0480	L0482	L0484
		L0486	L0629	L0631	L0632
		L0634	L0636	L0640	L0700
		L0710	L0810	L0859	L1000
		L1200	L1300	L1310	L1680
		L1685	L1720	L1730	L1755
		L1832	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1970	L2000	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3971	L4000	L4010	L4020
		L4631	L5010	L5020	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5220
		L5230	L5250	L5280	L5301
		L5321	L5331	L5341	L5400
		L5420	L5510	L5535	L5540
		L5560	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5683
		L5700	L5702	L5705	L5706
		L5716	L5718	L5722	L5724
		L5728	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5857	L5930
		L5950	L5960	L5962	L5964
		L5966	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L6000	L6010
		L6020	L6050	L6055	L6100
		L6110	L6120	L6130	L6200
		L6205	L6250	L6300	L6310
		L6320	L6350	L6360	L6370
		L6400	L6450	L6500	L6550

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6570	L6623	L6686	L6687
		L6689	L6690	L6692	L6693
		L6704	L6707	L6708	L6709
		L6900	L6905	L6910	L6915
		L1820			
Out-of-network services A referral to a health care provider who is not contracted with UnitedHealthcare	Prior authorization required for out-of-network services				
Outpatient therapy	Prior Authorization required	92507	92508	92526	97010
		97012	97014	97016	97018
		97022	97024	97026	97028
		97032	97033	97034	97035
		97036	97039	97110	97112
		97113	97116	97124	97129
		97139	97140	97150	97169
		97170	97171	97172	97530
		97533	97535	97537	97542
		97545	97546	97750	97755
		97761	97763		
Private duty nursing	Prior authorization required	T1000	T1001		
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
Radiation therapy	Prior authorization required	IGRT			
		77014	77387		
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386		
		Proton Beam Therapy			
		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
		SBRT/SRS			
		77371	77372	77373	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Radiation therapy (cont.)		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 Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445 To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology, and Radiation Therapy” box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/OHcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
Respite services	Prior authorization required	H0045	S5150	S5151	
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
Site of service (SOS) –	Prior authorization is only required when	Auditory System 69205			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
outpatient hospital	requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC)	Cardiovascular System			
		36590	36832		
		Carpal Tunnel Surgery			
		64721			
		Cataract Surgery			
		66821	66982	66984	66987
		66988			
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic & Reconstructive			
		13101	13132	21552	21931
		Digestive System			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		ENT Procedures			
		21320	30140	30520	69436
		69631			
		Eye and Ocular Adnexa			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		Female Genital System			
		57240	57250	57461	57520
		58561	58562		
		Gender Dysphoria Treatment			
		14040	14060	14301	
		Gynecologic Procedures			
		57522	58353	58558	58563
		58565			
		Hemic and Lymphatic Systems			
		38500	38510	38525	
		Hernia Repair			
		49505	49650	49651	
		Integumentary System			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver Biopsy			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		47000			
		Male Genital System			
		54840			
		Miscellaneous			
		20680			
		Musculoskeletal System			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22902	22903	23071
		23075	24071	27327	27337
		27632	28035	28039	28041
		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29806
		29807	29819	29822	29823
		29824	29825	29826	29827
		29828	29835	29840	29845
		29846	29848	29861	29875
		29876	29877	29879	29880
		29881	29882	29888	29893
		G0260			
		Nervous System			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory System			
		30802	30930	31525	31535
		31536	31541	31624	
		Tonsillectomy & Adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper Gastrointestinal Endoscopy			
		43235	43239	43249	
		Urinary System			
		52276	52287	52320	52344
		Urologic Procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	

Procedures and services		CPT® or HCPCS Codes and how to obtain prior authorization			
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Skin substitutes	Prior authorization required	Q4159 Q4259 Q4298	Q4191 Q4271	Q4197 Q4282	Q4205 Q4295
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305
Stimulators	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			
Implantation of a device that sends electrical impulses					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization					
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), 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	50547	S2060	S2061		
		S2152					
		CAR T-Cell Therapy					
		Q2041	Q2042	Q2053	Q2054		
		Q2055	Q2056	Q2057			
		Gene Therapy					
		C9399**	J3394	J3402	J3490**		
		J3590**	Q2058				
		*Prior authorization for code 38232 is only required for an oncology diagnosis.					
		** Amtagvi, Lantidra and Zevaskyn will require prior authorization through Optum Transplant.					
		Vein procedures	Prior authorization required	36473	36475	36478	37700
				37718	37722	37765	37766
				37780			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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 .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509