

# Prior authorization requirements for UnitedHealthcare Community Plan of Pennsylvania CHIP

Effective January 1, 2026

## General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Pennsylvania CHIP 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](https://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](https://UHCprovider.com/access).

- **Phone:** Call **888-702-2202**

**Fax:** 866-968-7582. The fax form is available at [Prior Authorization Forms](#)

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Abortion</b>	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health services</b>	Prior authorization required  Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the back of the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>BRCA genetic testing</b>	Prior authorization required	81162	81212	81216	81432
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	11971	19316	19318	19325
Reconstruction of the breast except when following Mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<b><u>Antiemetics</u></b>			
		Fosaprepitant, 1 mg (Emend for Injection) J1453			
		Fosaprepitant (Teva) J1456			
	*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.	Fosnetupitant 235 mg and palonosetron 0.25 mg J1454			
		Granisetron, extended-release J1627			
		<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
		Aprepitant (Cinvanti®) J0185			
		Eflapegrastim-xnst (Rolvedon®) J1449			
		Filgrastim (Neupogen®) J1442*			
		Filgrastim-aafi (Nivestym™) Q5110*			
		Filgrastim-ayow (Releuko®) Q5125*			
		Filgrastim-sndz (Zarxio®) Q5101*			
		Pegfilgrastim (Neulasta®)			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Cancer supportive care (cont.)		<p>J2506*</p> <p>Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela®) J1448*</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p><b><u>Erythropoiesis-Stimulating Agents</u></b> J0885</p> <p>Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and sign in. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888 397 8129</b>.</p>
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress	<p>Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal at <b>UHCprovider.com</b>. Or, you can call <b>866-889-8054</b>.</p> <p>For more details and the list of CPT codes requiring prior authorization, please see <b>Cardiology Prior Authorization and Notification</b>.</p>

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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echoes prior to performance

**Cardiovascular**

Prior authorization required for the codes listed.

93580

\* Prior authorization 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
I70.761	I70.762	I70.763	I70.768
I70.769	I72.3	I72.4	I72.8

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		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 Electroencephalogram (EEG)	Prior authorization 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 ambulatory surgical center				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<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), Lupron Depot (J1950)</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 HCPCS code</li> </ul> For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at <b>UHCprovider.com</b> . Once you sign in, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>888-397-8129</b> .			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
<b>Continuous glucose monitor</b>	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2102	A9277 E2103
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960 15820 15830 15879* 17999 21172 21181 21230 21280 21742	14020** 15821 15847 17106 21137 21175 21182 21235 21282 21743	14021** 15822 15877 17107 21138 21179 21183 21256 21295 28344	14061** 15823 15878* 17108 21139 21180 21184 21275 21740 30620
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		67900 67904 67911 67916 67923	67901 67906 67912 67917 67924	67902 67908 67914 67921 67950	67903 67909 67915 67922 67961

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Cosmetic and reconstructive (cont.)	67966	Q2026			
		*Gender Dysphoria may apply **Prior authorization not required when billed with the following diagnosis codes:			

C43.0	C43.10	C43.111	C43.112
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
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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
<b>Cosmetic and reconstructive (cont.)</b>		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		
<b>Durable medical equipment (DME)</b>	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194	
		E0265	E0266	E0270	E0277	
		E0300	E0328	E0329	E0445	
		E0457	E0460	E0465	E0466	
		E0470	E0471	E0483	E0486	
		E0620	E0636	E0637	E0652	
		E0656	E0669	E0670	E0675	
		Prosthetics are not DME – See orthotics and prosthetics	E0693	E0694	E0700	E0710
			E0745	E0762	E0764	E0766
			E0784	E0984	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	E1825	
	E2100		E2227	E2228	E2230	
	E2298		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	T5999	V2786		
V5269	V5270	V5271	V5272			
V5274	V5281	V5282	V5283			
V5286	V5287	V5288	V5290			
<b>Enteral services</b>	Prior authorization required	B4034	B4035	B4036	B4100	
In-home nutritional						



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A6000
		A9274	E0231	E1831	S0810
		S1030	S1031	S2102	S9988
		S9990	S9991		
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	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		
		11950	11951	11952	11954
		11980	14000	14001	14041
		15734	15738	15750	15757
		15758	15775	15776	15777
		15780	15781	15782	15783
		15787	15788	15789	15792
		15793	15824	15825	15826
		15828	15829	15832	15833
		15834	15835	15836	15837
		15838	15839	15876	17380
		19303	21083	21087	21120
		21122	21173	21270	21899
		31599	31750	31899	45399
		45999	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58541	58554
		58661	58720	58940	58999
		64856	64892	64896	69300
		90785	96372		
<b>Genetic and molecular testing</b>	Prior authorization is required for genetic and molecular testing	81163	81164	81228	81229
		81277	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Genetic and molecular testing (cont.)</b>	performed in an outpatient setting.	81412	81413	81414	81415
		81416	81417	81431	81435
		81437	81439	81440	81445
	Home care professional 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 <b>Genetic and molecular testing prior authorization/notification</b> program for each specified genetic test.	81448	81460	81465	81479
		81518	81519	81520	81521
		81522	81546	81595	81599
		87505	87506	87507	0018U
		0022U	0023U	0026U	0037U
		0047U	0048U	0050U	0055U
		0060U	0087U	0088U	0094U
		0101U	0102U	0103U	0111U
		0114U	0118U	0129U	0154U
		0170U	0171U	0179U	0209U
		0211U	0212U	0213U	0214U
		0215U	0216U	0217U	0218U
		0233U	0237U	0238U	0239U
		0242U	0244U	0245U	0250U
		0258U	0262U	0265U	0268U
		0269U	0270U	0271U	0272U
		0273U	0274U	0276U	0277U
		0278U	0282U	0285U	0286U
		0288U	0289U	0290U	0291U
	0292U	0293U	0294U	0306U	
	The ordering care provider must notify the laboratory conducting the test, and the laboratory will notify UnitedHealthcare.	0307U	0318U	0319U	0320U
		0326U	0334U	0355U	0364U
		0378U	0379U	0388U	0389U
		0391U	0395U	0398U	0409U
0417U		0425U	0426U	0437U	
0444U		0449U	0465U	0471U	
0473U		0474U	0475U	81349	
81425		81426	81427	81441	
81443		81449	81450	81451	
81455		81457	81458	81459	
81462	81463	81464	81471		
81523	81541	81542	81552		
S3854	S3865	S3870			
<b>Home health services</b>	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
<b>Hospice</b>	Prior authorization required	T2045			
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58542

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Hysterectomy (cont.)		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
Injectable medications	Prior authorization required*	<b>Actemra®</b> J3262 <b>Acthar®</b> J0801 <b>Adakveo®</b> J0791 <b>Advate, Kogenate FS, Reombinate</b> J7192 <b>Adynovate</b> J7207 <b>Adzynma</b> J7171 <b>Afstyla</b> J7210 <b>Aldurazyme®</b> J1931 <b>Alhemo</b> J7173 <b>Alphanate</b> J7186 <b>AlphaNine SD, Mononine</b> J7193 <b>Alprolix</b> J7201 <b>Altuvio</b> J7214 <b>Amondys 45</b> J1426 <b>Amvuttra™</b> J0225 <b>Aralast® NP, Prolastin-C®, Zemaira®</b> J0256 <b>Aranesp</b> J0881 <b>Arcalyst</b> J2793 <b>Aveed</b> J3145 <b>Avsola™</b> Q5121			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	<b>Avtozma</b>				
	Q5156				
	<b>Azmiro</b>				
	J1072				
	<b>Benefix, Ixinity</b>				
	J7195				
	<b>Benlysta</b>				
	J0490				
	<b>Beovu</b>				
	J0179				
	<b>Beqvez</b>				
	J1414				
	<b>Berinert</b>				
	J0597				
	<b>Bkemv</b>				
	Q5152				
	<b>Boniva (ibandronate)</b>				
	J1740				
	<b>Botulinum toxins</b>				
	J0585		J0586	J0587	J0588
	<b>Brineura™</b>				
	J0567				
	<b>Briumvi®</b>				
	J2329				
	<b>Byooviz</b>				
	Q5124				
	<b>Cerezyme®</b>				
	J1786				
	<b>Chlorpromazine</b>				
	J3230				
	<b>Cimerli</b>				
	Q5128				
	<b>Cimzia®*</b>				
	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Cinryze®</b>				
	J0598				
<b>Coagadex</b>					
J7175					
<b>Conexence</b>					
Q5158					
<b>Corifact</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J7180 <b>Cortrophin® Gel</b> J0802 <b>Cosentyx IV</b> J3247 <b>Crysvita®</b> J0584 <b>Cutaquig®</b> J1551 <b>Daxxify</b> J0589 <b>Depo-Testosterone (testosterone cypionate)</b> J1071 <b>Durolane</b> J7318 <b>Elaprase®</b> J1743 <b>Elelyso®</b> J3060 <b>Elevidys</b> J1413 <b>Elfabrio®</b> J2508 <b>Encelto</b> J3403 <b>Eloctate</b> J7205 <b>Enjaymo™</b> J1302 <b>Entyvio®</b> J3380 <b>Epogen, Procrit</b> J0885 <b>Epysqli</b> Q5151 <b>Esperoct</b> J7204 <b>Euflexxa</b> J7323 <b>Evenity™</b> J3111 <b>Evkeeza™</b> J1305

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>	<b>Exondys 51™</b>	J1428
	<b>Eylea</b>	J0178
	<b>Eylea HD</b>	J0177
	<b>Fabrazyme®</b>	J0180
	<b>Fasenra™</b>	J0517
	<b>Feiba NF</b>	J7198
	<b>Fensolvi®</b>	J1951
	<b>Feraheme®</b>	Q0138
	<b>Fibryga</b>	J7177
	<b>Firmagon®</b>	J9155
	<b>Fluphenazine</b>	J2679
	<b>Fynetra</b>	Q5130
	<b>Gamifant®</b>	J9210
	<b>Gelsyn-3</b>	J7328
	<b>Geodon (ziprasidone mesylate)</b>	J3486
	<b>Givlaari®</b>	J0223
	<b>Glassia</b>	J0257
	<b>Haloperidol Decanoate</b>	J1631
	<b>Hemgenix</b>	J1411
	<b>Hemlibra</b>	J7170
	<b>Hemophilia clotting factor, not otherwise classified</b>	J7199
	<b>Humate-P</b>	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	J7187				
	<b>Hypavzi</b>				
	J7172				
	<b>Idelvion</b>				
	J7202				
	<b>Ilaris®</b>				
	J0638				
	<b>Humya™</b>				
	J3245				
	<b>Imuldosa IV</b>				
	Q5098				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90283		90284	J1459	J1552
	J1554		J1555	J1556	J1557
	J1559		J1561	J1566	J1568
	J1569		J1572	J1575	J1599
	<b>Ixinity</b>				
	J7213				
	<b>Izervay</b>				
	J2782				
	<b>Jivi</b>				
	J7208				
	<b>Jubbonti-Wyost</b>				
	Q5136				
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Kisunla</b>				
	J0175				
	<b>Koate, Hemofil M</b>				
	J7190				
	<b>Kovaltry</b>				
	J7211				
<b>Korsuva®</b>					
J0879					
<b>Krystexxa®</b>					
J2507					
<b>Lamzede</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J0217 <b>Lanreotide</b>
		J1932 <b>Lemtrada®</b>
		J0202 <b>Leqembi®</b>
		J0174 <b>Leqvio®</b>
		J1306 <b>Lucentis</b>
		J2778 <b>Lumizyme®</b>
		J0221 <b>Lupron Depot®</b>
		J1950 <b>Lupron Depot, Eligard®</b>
		J9217 <b>Lutrate Depot</b>
		J1954 <b>Luxturna™</b>
		J3398 <b>Mepsevii®</b>
		J3397 <b>Miacalcin (calcitonin)</b>
		J0630 <b>Mircera</b>
		J0888 <b>Monoferric®</b>
		J1437 <b>Naglazyme®</b>
		J1458 <b>Nexviazyme®</b>
		J0219 <b>Niktimvo</b>
		J9038 <b>Novoeight</b>
		J7182 <b>NovoSeven RT</b>
		J7189 <b>Nplate®</b>
		J2802 <b>Nucala®</b>
		J2182



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>	<b>Nulibry</b> J1809 <b>Nuwiq</b> J7209 <b>Nypozi</b> Q5148 <b>Obizur</b> J7188 <b>Ocrevus™</b> J2350 <b>Ocrevus Zunuvo</b> J2351 <b>Octreotide Acetate</b> J2354 <b>OmvoH IV</b> J2267 <b>Onpattro™</b> J0222 <b>Orencia®</b> J0129 <b>OtulfI IV</b> Q9999 <b>Oxlumo™</b> J0224 <b>Panzyga®</b> J1576 <b>Parsabiv™</b> J0606 <b>Pavblu</b> Q5147 <b>Phenergan (promethazine)</b> J2550 <b>PiaSky</b> J1307 <b>Pombiliti</b> J1203 <b>Profilnine</b> J7194 <b>Prolia®</b> J0897 <b>Pyzchiva IV</b> Q9997 <b>Qalsody®</b>	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>	J1304	<b>Qfitlia</b>
	J7174	<b>Radicava®</b>
	J1301	<b>Rebinyn</b>
	J7203	<b>Reblozyl®</b>
	J0896	<b>Reclast, Zoledronic Acid</b>
	J3489	<b>Releuko®</b>
	Q5125	<b>Remicade®</b>
	J1745	<b>Renflexis®</b>
	Q5104	<b>Retacrit</b>
	Q5106	<b>Riabni™</b>
	Q5123	<b>RiaSTAP</b>
	J7178	<b>Rituxan®</b>
	J9312	<b>Rituxan Hycela®</b>
	J9311	<b>Rixubis</b>
	J7200	<b>Roctavian</b>
	J1412	<b>Rolvedon</b>
	J1449	<b>Ruconest®</b>
	J0596	<b>Ruxience®</b>
	Q5119	<b>Ryplazim®</b>
	J2998	<b>Rystiggo</b>
	J9333	<b>Sandostatin® LAR</b>
	J2353	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	<b>Saphnelo®</b>				
	J0491				
	<b>Scenesse®</b>				
	J7352				
	<b>Selarsdi</b>				
	Q9998				
	<b>SevenFACT</b>				
	J7212				
	<b>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Skyrizi®</b>				
	J2327				
	<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322		J732
					4
	J7325	J7326	J7327		J732
	J7331	J7332			9
	<b>Soliris®</b>				
	J1299				
	<b>Somatuline® Depot</b>				
	J1930				
	<b>Spevigo</b>				
	J1747				
	<b>Spinraza™</b>				
	J2326				
	<b>Spravato®</b>				
	S0013				
	<b>Stelara</b>				
J3358					
<b>Steqeyma IV</b>					
Q5099					
<b>Stimufend</b>					
Q5127					
<b>Stoboclo</b>					
Q5157					
<b>Sublocade™</b>					
Q9991		Q9992			
<b>Sunlenca</b>					
J1961					
<b>Supprelin® LA</b>					
J9226					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>	<b>Susvimo</b>	J2779
	<b>Syfovre™</b>	J2781
	<b>Synagis®</b>	90378
	<b>Tepezza®</b>	J3241
	<b>Testopel</b>	S0189
	<b>Testosterone Enanthate</b>	J3121
	<b>Tezspire™</b>	J2356
	<b>Therapeutic Radiopharmaceuticals</b>	A9607
	<b>Tigan</b>	J3250
	<b>Tofidence</b>	Q5133
	<b>Trelstar®</b>	J3315
	<b>Tremfya IV</b>	J1628
	<b>Tretten</b>	J7181
	<b>Triptodur®</b>	J3316
	<b>Trogarzo™</b>	J1746
	<b>Truxima®</b>	Q5115
	<b>Tyenne</b>	Q5135
	<b>Tzield™</b>	J9381
	<b>Tysabri®</b>	J2323
	<b>Ultomiris™</b>	J1303
	<b>Unclassified codes**</b>	C9399 J3490 J3590
	<b>Uplizna®</b>	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	J1823				
	<b>Uzedy</b>				
	J2799				
	<b>Vabysmo</b>				
	J2777				
	<b>Veopoz</b>				
	J9376				
	<b>Viltepso™</b>				
	J1427				
	<b>Vimizim®</b>				
	J1322				
	<b>Visudyne</b>				
	J3396				
	<b>Vonvendi</b>				
	J7179				
	<b>VPRIV®</b>				
	J3385				
	<b>Vyepti™</b>				
	J3032				
	<b>Vyjuvek™</b>				
	J3401				
	<b>Vyondys 53®</b>				
	J1429				
	<b>Vyvgart™</b>				
	J9332				
	<b>Vyvgart Hytrulo</b>				
	J9334				
	<b>Wezlana IV</b>				
	Q5138				
	<b>White blood cell colony stimulating factors***</b>				
	J1442		J1447	J1448	J2506
	Q5101		Q5108	Q511	Q5111
			0		
Q5120		Q5122			
<b>Wilate</b>					
J7183					
<b>Xembify®</b>					
J1558					
<b>Xenpozyme™</b>					
J0218					
<b>Xolair®</b>					
J2357					
<b>Xyntha</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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<b>Injectable medications (cont.)</b>		J7185			
		<b>Yesintek IV</b>			
		Q5100			
		<b>Zinplava</b>			
		J0565			
		<b>Zoladex®</b>			
		J9202			
		<b>Zolgensma®</b>			
		J3399			
		<b>Zyprexa</b>			
	J2359				
<p>* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at <b>UHCprovider.com</b>. Or, you can call <b>888 397 8129</b>.</p> <p>** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Kebilidi, Rivfloza, Revcovi and Starjemza</p> <p>Please check our <b>Review at Launch for New to Market Medications</b> policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our <b>Review at Launch Medication List</b>. Pre-determination is highly recommended for the drugs on the list.</p>					

<b>Inpatient admission</b>	Notification required for admissions	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:			
		<ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>			

<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	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	

<b>Non-emergent air</b>	Prior authorization	A0430	A0431	A0435	A0436
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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>ambulance transport</b>	required	S9960	S9961		
<b>Orthognathic surgery</b>	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	
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		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	L3999	L4000
		L4010	L4020	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
<b>Orthotics and prosthetics (cont.)</b>	L5585	L5590	L5595	L5600
	L5610	L5613	L5614	L5616
	L5639	L5640	L5642	L5643
	L5644	L5646	L5647	L5648
	L5649	L5651	L5653	L5661
	L5673	L5682	L5683	L5700
	L5702	L5703	L5705	L5706
	L5716	L5718	L5722	L5724
	L5726	L5728	L5780	L5790
	L5795	L5811	L5812	L5814
	L5816	L5818	L5822	L5824
	L5826	L5828	L5830	L5845
	L5848	L5857	L5858	L5930
	L5950	L5960	L5961	L5962
	L5964	L5966	L5968	L5973
	L5976	L5979	L5980	L5981
	L5982	L5984	L5986	L5987
	L5988	L5990	L5999	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	L8040
	L8042	L8043	L8044	L8045
	L8046	L8047	L8499	L8609



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L8610	L8612	L8631	L8659
<b>Pediatric day services (PDHC)</b>	Prior authorization required	T1024			
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Potentially Unproven Services</b>	Prior authorization required	33289	C2624		
<b>Prostate procedures</b>	Prior authorization required	37243 53852	52441 55866	52442 55873	53850 55874
<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>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. To request prior authorization, please call <b>866-889-8054</b>.</p> <p>For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to <b>UHCprovider.com</b> and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please see <b>Radiology Prior Authorization and Notification</b>.</p>			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization is only required when requesting service in an outpatient		<b>Auditory System</b> 69205		<b>Cardiovascular System</b>

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Site of service (SOS) - outpatient hospital (cont.)</b>	hospital setting. Prior authorization is not required if performed at a participating ASC.	36590	36832		
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive System</b>			
		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	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and Ocular Adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042
		67105	67108	67113	67840
		68110	68115	68320	68720
		68815			
		<b>Female Genital System</b>			
57240	57250	57461	57520		
58561	58562				
<b>Gynecologic procedures</b>					
57522	58353	58558	58563		
58565					
<b>Hemic and Lymphatic System</b>					
38500	38510	38525			
<b>Hernia repair</b>					
49505	49650	49651			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) - outpatient hospital (cont.)	<b>Integumentary System</b>				
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		<b>Liver biopsy</b>			
		47000			
		<b>Male Genital System</b>			
		54840			
		<b>Miscellaneous</b>			
		20680			
		<b>Musculoskeletal System</b>			
		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				
	<b>Nervous System</b>				
	64561	64640			
	<b>Ophthalmologic</b>				
	65426	65730	65855	66170	
	66761	67028	67036	67040	
	67228	67311	67312		
	<b>Respiratory System</b>				
	30802	30930	31525	31535	
	31536	31541	31624		
	<b>Tonsillectomy and adenoidectomy</b>				
	42820	42821	42825	42826	
	42830				
	<b>Upper and lower gastrointestinal endoscopy</b>				
	43235	43239	43249		
	<b>Urinary System</b>				
	52276	52287	52320	52344	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Site of service (SOS) – outpatient hospital (cont.)</b>		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	57288		
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	63003	63005	22899
		63001	63015	63016	63011
		63012	63030	63040	63017
		63020	63046	63047	63042
		63045	63056	63064	63050
		63055	63081	63085	63075
		63077	63101	63102	63087
		63090	63173	63185	63170
63172	63200	63250	63190		
63191	63265	63267	63251		
63252	63271	63272	63268		
63270	63301	63302	63286		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
<b>Spinal surgery (cont.)</b>		63300	63305	63306	63303	
		63304	0098T	63307	63308	
		*SOS also applies				
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>				
		E0747	E0748	E0749	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 and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), 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.			
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						
			<b>CAR T-Cell Therapy</b>			
			Q2041	Q2042	Q2053	Q2054
			Q2055	Q2056	Q2057	
			<b>Gene Therapy</b>			
			C9399**	J3391	J3392	J3393
			J3394	J3490**	J3590**	J3402

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Transplants (cont.)</b>		Q2058			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		** For unclassified codes C9399, J3490 and J3590 Amtagvi, Lantidra, Skysona and Zevaskyn will require prior authorization through Optum Transplant.			
<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	37765
		37766	37780		
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the back of the member's 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		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			