

Prior authorization requirements for UnitedHealthcare Community Plan of Pennsylvania CHIP

Effective February 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 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](#)

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Abortion	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	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.			
Bone growth stimulator 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			
BRCA genetic testing	Prior authorization required	81162	81212	81216	81432
Breast reconstruction (non-mastectomy)	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
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis	<u>Antiemetics</u> J1434 J2468 Fosaprepitant, 1 mg (Emend for Injection) J1453 Fosaprepitant (Teva) J1456 Fosnetupitant 235 mg and palonosetron 0.25 mg J1454 Granisetron, extended-release J1627 <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Aprepitant (Cinvanti®) J0185 Eflapegrastim-xnst (Rolvedon®) J1449 Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Filgrastim-ayow (Releuko®) Q5125* Filgrastim-sndz (Zarxio®) Q5101*			
	*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.				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Cancer supportive care (cont.)		<p>Pegfilgrastim (Neulasta®) 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><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p><u>Erythropoiesis-Stimulating Agents</u> J0885</p> <p><u>Therapeutic Radiopharmaceuticals</u> A9615</p> <p>Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and sign in. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888 397 8129.</p>
Cardiology	Prior authorization required for participating physicians for outpatient	Please submit requests online using the Prior Authorization and Notification tool on

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance

UnitedHealthcare Provider Portal at **UHCprovider.com**. Or, you can call **866-889-8054**.

For more details and the list of CPT codes requiring prior authorization, please see **Cardiology Prior Authorization and Notification**.

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
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		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
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		I70.639
		I70.641
		I70.642
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		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Cardiovascular (cont.)	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
	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			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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				
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com . Once you sign in, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129 .			
Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226	A4239	A9276	A9277
		A9278	E0787	E2102	E2103
Cosmetic and reconstructive	Prior authorization required	11960	14020**	14021**	14061**
Cosmetic procedures that change or improve physical appearance without significantly improving or		15820	15821	15822	15823
		15830	15847	15877	15878*
		15879*	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
restoring physiological function	21280	21282	21295	21740	
	21742	21743	28344	30620	
	67900	67901	67902	67903	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function	67904	67906	67908	67909	
	67911	67912	67914	67915	
	67916	67917	67921	67922	
	67923	67924	67950	67961	
	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Cosmetic and reconstructive (cont.)		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	
		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		
	Durable medical equipment (DME)	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		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		K0885	K0886	K0890	K0891
		S1040	T1999	T5999	V2786
		V5269	V5270	V5271	V5272
		V5274	V5281	V5282	V5283
		V5286	V5287	V5288	V5290
Enteral services	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A6000
		A9274	E0231	E1831	S0810
		S1030	S1031	S2102	S9988
		S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29916			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes , with the following DX codes :			
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Gender dysphoria treatment (cont.)		64856 90785	64892 96372	64896	69300
Genetic and molecular testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.	81163 81277 81403 81407 81412 81416	81164 81400 81404 81408 81413 81417	81228 81401 81405 81410 81414 81431	81229 81402 81406 81411 81415 81435
	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 Genetic and molecular testing prior authorization/notification program for each specified genetic test.	81437 81448 81518 81522 87505 0022U 0047U 0060U 0101U 0114U 0170U 0211U 0215U 0233U 0242U 0258U	81439 81460 81519 81546 87506 0023U 0048U 0087U 0102U 0118U 0171U 0212U 0216U 0237U 0244U 0262U	81440 81465 81520 81595 87507 0026U 0050U 0088U 0103U 0129U 0179U 0213U 0217U 0238U 0245U 0265U	81445 81479 81521 81599 0018U 0037U 0055U 0094U 0111U 0154U 0209U 0214U 0218U 0239U 0250U 0268U
	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.	0269U 0273U 0278U 0288U 0292U 0307U 0326U 0378U 0391U 0417U 0444U 0473U 81425 81443 81455 81462 81523 S3854	0270U 0274U 0282U 0289U 0293U 0318U 0334U 0379U 0395U 0425U 0449U 0474U 81426 81449 81457 81463 81541 S3865	0271U 0276U 0285U 0290U 0294U 0319U 0355U 0388U 0398U 0426U 0465U 0475U 81427 81450 81458 81464 81542 S3870	0272U 0277U 0286U 0291U 0306U 0320U 0364U 0389U 0409U 0437U 0471U 81349 81441 81451 81459 81471 81552
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156 G0493 S9122	G0162 G0494 S9123	G0299 G0495 S9124	G0300 G0496 S9474

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Hospice	Prior authorization required	T2045			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58542
Hysterectomy (cont.)		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0801			
		Adakveo®			
		J0791			
		Advate, Kogenate FS, Reombinate			
		J7192			
		Adynovate			
		J7207			
		Adzyna			
		J7171			
		Afstyla			
		J7210			
		Aldurazyme®			
		J1931			
		Alhemo			
		J7173			
		Alphanate			
		J7186			
		AlphaNine SD, Mononine			
		J7193			
		Alprolix			
		J7201			
		Altuviio			
		J7214			
		Amondys 45			
		J1426			
		Amvuttra™			
		J0225			
		Aralast® NP, Prolastin-C®, Zemaira®			
		J0256			
		Aranesp			
		J0881			
		Arcalyst			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	J2793				
	Aveed				
	J3145				
	Avsola™				
	Q5121				
	Avtozma				
	Q5156				
	Azmiro				
	J1072				
	Benefix, Ixinity				
	J7195				
	Benlysta				
	J0490				
	Beovu				
	J0179				
	Beqvez				
	J1414				
	Berinert				
	J0597				
	Bkemv				
	Q5152				
	Boniva (ibandronate)				
	J1740				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Brineura™				
	J0567				
	Briumvi®				
	J2329				
	Byooviz				
	Q5124				
	Cerezyme®				
	J1786				
	Chlorpromazine				
	J3230				
	Cimerli				
	Q5128				
	Cimzia®*				
J0717					
Cinqair®					
J2786					
Cinryze®					
J0598					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Coagadex J7175
		Conexence Q5158
		Corifact J7180
		Cortrophin® Gel J0802
		Cosentyx IV J3247
		Crysvita® J0584
		Cutaquig® J1551
		Daxxify J0589
		Depo-Testosterone (testosterone cypionate) J1071
		Dimenhydrinate J1240
		Durolane J7318
		Elaprase® J1743
		Elelyso® J3060
		Elevidys J1413
		Elfabrio® J2508
		Encelto J3403
		Eloctate J7205
		Enjaymo™ J1302
		Entyvio® J3380
		Epogen, Procrit J0885
		Epysqli Q5151
		Esperoct

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J7204 Euflexxa J7323 Evenity™ J3111 Evkeeza™ J1305 Exondys 51™ J1428 Eylea J0178 Eylea HD J0177 Fabrazyme® J0180 Fasenra™ J0517 Feiba NF J7198 Fensolvi® J1951 Feraheme® Q0138 Fibryga J7177 Firmagon® J9155 Fluphenazine J2679 Fynetra Q5130 Gamifant® J9210 Gelsyn-3 J7328 Geodon (ziprasidone mesylate) J3486 Givlaari® J0223 Glassia J0257 Haloperidol Decanoate J1631

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Hemgenix				
	J1411				
	Hemlibra				
	J7170				
	Hemophilia clotting factor, not otherwise classified				
	J7199				
	Humate-P				
	J7187				
	Hypavzi				
	J7172				
	Idelvion				
	J7202				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Imuldosa IV				
	Q5098				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1552	
	J1554	J1555	J1556	J1557	
	J1559	J1561	J1566	J1568	
	J1569	J1572	J1575	J1599	
	Ixinity				
	J7213				
	Izervay				
J2782					
Jivi					
J7208					
Jubbonti-Wyost					
Q5136					
Kalbitor®					
J1290					
Kanuma®					
J2840					
Kisunla					
J0175					
Koate, Hemofil M					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J7190 Kovaltry J7211 Korsuva® J0879 Krystexxa® J2507 Lamzede J0217 Lanreotide J1932 Lemtrada® J0202 Leqembi® J0174 Leqvio® J1306 Lucentis J2778 Lumizyme® J0221 Lupron Depot® J1950 Lupron Depot, Eligard® J9217 Lutrate Depot J1954 Luxturna™ J3398 Mepsevii® J3397 Miacalcin (calcitonin) J0630 Mircera J0888 Monoferric® J1437 Naglazyme® J1458 Nexviazyme® J0219 Niktimvo J9038

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Novoeight J7182
		NovoSeven RT J7189
		Nplate® J2802
		Nucala® J2182
		Nulibry J1809
		Nuwiq J7209
		Nypozi Q5148
		Obizur J7188
		Ocrevus™ J2350
		Ocrevus Zunuvo J2351
		Octreotide Acetate J2354
		OmvoH IV J2267
		Onpattro™ J0222
		Orencia® J0129
		Otufi IV Q9999
		Oxlumo™ J0224
		Panzyga® J1576
		Parsabiv™ J0606
		Pavblu Q5147
		Phenergan (promethazine) J2550
		PiaSky J1307
		Pombiliti

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J1203 Profilnine
		J7194 Prolia®
		J0897 Pyzchiva IV
		Q9997 Qalsody®
		J1304 Qfitlia
		J7174 Radicava®
		J1301 Rebinyn
		J7203 Reblozyl®
		J0896 Reclast, Zoledronic Acid
		J3489 Releuko®
		Q5125 Remicade®
		J1745 Renflexis®
		Q5104 Retacrit
		Q5106 Riabni™
		Q5123 RiaSTAP
		J7178 Rituxan®
		J9312 Rituxan Hycela®
		J9311 Rixubis
		J7200 Roctavian
		J1412 Rolvedon
		J1449 Ruconest®
		J0596

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Ruxience®				
	Q5119				
	Ryplazim®				
	J2998				
	Rystiggo				
	J9333				
	Sandostatin® LAR				
	J2353				
	Saphnelo®				
	J0491				
	Scenesse®				
	J7352				
	Selarsdi				
	Q9998				
	SevenFACT				
	J7212				
	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				
Spevigo					
J1747					
Spinraza™					
J2326					
Spravato®					
J0013					
Stelara					
J3358					
Steqeyma IV					
Q5099					
Stimufend					
Q5127					
Stoboclo					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization	
Injectable medications (cont.)	Q5157		
	Sublocade™		
	Q9991	Q9992	
	Sunlenca	J1961	
	Supprelin® LA	J9226	
	Susvimo	J2779	
	Syfovre™	J2781	
	Synagis®	90378	
	Tepezza®	J3241	
	Testopel	J1073	
	Testosterone Enanthate	J3121	
	Tezspire™	J2356	
	Therapeutic Radiopharmaceuticals	A9607	
	Tigan	J3250	
	Tofidence	Q5133	
	Trelstar®	J3315	
	Tremfya IV	J1628	
	Tretten	J7181	
	Triptodur®	J3316	
	Trogarzo™	J1746	
	Truxima®	Q5115	
	Tyenne	Q5135	
	Tzield™	J9381	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Tysabri®				
	J2323				
	Ultomiris™				
	J1303				
	Unclassified codes**				
	C9399	J3490	J3590		
	Uplizna®				
	J1823				
	Uzedy				
	J2799				
	Vabysmo				
	J2777				
	Veopoz				
	J9376				
	Viltepso™				
	J1427				
	Vimizim®				
	J1322				
	Visudyne				
	J3396				
	Vonvendi				
	J7179				
	VPRIV®				
	J3385				
	Vyepti™				
	J3032				
	Vyjuvek™				
	J3401				
	Vyondys 53®				
	J1429				
	Vyvgart™				
	J9332				
Vyvgart Hytrulo					
J9334					
Wezlana IV					
Q5138					
White blood cell colony stimulating factors***					
J1442	J1447	J1448	J2506		
Q5101	Q5108	Q5110	Q5111		
Q5120	Q5122				
Wilate					
J7183					
Xembify®					

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 PCA-3-24-00099-POE-QRG_01312024



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)	J1558				
	Xenpozyme™				
	J0218				
	Xolair®				
	J2357				
	Xyntha				
	J7185				
	Yesintek IV				
	Q5100				
	Zinplava				
	J0565				
	Zoladex®				
	J9202				
	Zolgensma®				
	J3399				
Zyprexa					
J2359					
<p>* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com. Or, you can call 888 397 8129.</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 Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list.</p>					

Inpatient admission	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"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 			

Joint replacement Joint, total hip and	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
knee replacement procedures		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	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		
Orthotics and prosthetics	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

Procedures and services	Additional information CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)	L5210	L5220	L5230	L5250
	L5270	L5280	L5301	L5312
	L5321	L5331	L5341	L5400
	L5420	L5460	L5500	L5505
	L5510	L5520	L5530	L5535
	L5540	L5560	L5570	L5580
	L5585	L5590	L5595	L5600
	L5610	L5613	L5614	L5616
	L5639	L5640	L5642	L5643
	L5644	L5646	L5647	L5648
	L5649	L5651	L5653	L5661
	L5673	L5682	L5683	L5700
	L5702	L5703	L5705	L5706
	L5716	L5718	L5722	L5724
	L5726	L5728	L5780	L5790
	L5795	L5811	L5812	L5814
	L5816	L5818	L5822	L5824
	L5826	L5828	L5830	L5845
	L5848	L5857	L5858	L5930
	L5950	L5960	L5961	L5962
	L5964	L5966	L5968	L5973
	L5976	L5979	L5980	L5981
	L5982	L5984	L5986	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	L8040
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8609
		L8610	L8612	L8631	L8659
Pediatric day services (PDHC)	Prior authorization required	T1024			
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Potentially Unproven Services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>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 866-889-8054.</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 UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please see Radiology Prior Authorization and Notification.</p>			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization					
Sinuplasty	Prior authorization required	31295	31296	31297	31298		
Site of service (SOS) – outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ASC.	Auditory System					
		69205					
		Cardiovascular System					
		36590		36832			
		Carpal tunnel surgery					
		64721					
		Cataract surgery					
		66821		66982		66984	
		Colonoscopy					
		45378		45380		45384	45385
		Cosmetic and reconstructive					
		13101		13132		14040	14060
		14301		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	
		Ear, nose and throat (ENT) procedures					
		21320		30140		30520	69436
		69631					
		Eye and Ocular Adnexa					
		65710		65820		66250	66710
		66711		66825		66986	66987
		66988		67010		67041	67042
		67105		67108		67113	67840
68110		68115		68320	68720		
68815							
Female Genital System							
57240		57250		57461	57520		
58561		58562					
Gynecologic procedures							
57522		58353		58558	58563		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) - outpatient hospital (cont.)	58565				
	Hemic and Lymphatic System				
	38500	38510	38525		
	Hernia repair				
	49505	49650	49651		
	Integumentary System				
	10121	11440	11450	11624	
	11770	13121	15100	15120	
	15240	19020	19120	19125	
	Liver biopsy				
	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 and adenoidectomy				
	42820	42821	42825	42826	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) - outpatient hospital (cont.)		42830			
		Upper and lower 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	57288			
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal surgery	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)		63172	63200	63250	63190
		63191	63265	63267	63251
		63252	63271	63272	63268
		63270	63301	63302	63286
		63300	63305	63306	63303
		63304	0098T	63307	63308
		*SOS also applies			
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocaptogene Maralucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucaptogene autoleucel) and Yescarta™ (axicaptogene 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	J3387	J3389
		S2060	S2061	S2152	
		CAR T-Cell Therapy			
		Q2041	Q2042	Q2053	Q2054

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplants (cont.)		Q2055	Q2056	Q2057	
		Gene Therapy			
		C9399**	J3391	J3392	J3393
		J3394	J3490**	J3590**	J3402
		Q2058			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		** For unclassified codes C9399, J3490 and J3590 Amtagvi and Lantidra will require prior authorization through Optum Transplant.			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's 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
Wound vac	Prior authorization required	E2402			