

Prior authorization requirements for UnitedHealthcare Community Plan of Pennsylvania CHIP

Effective April 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	Q5136	Q5157	Q5158	Q5159
	<u>Antiemetics</u>	J1434			
		J2468			
	Fosaprepitant, 1 mg (Emend for Injection)	J1453			
	*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.	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*			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Cancer supportive care (cont.)		Filgrastim-sndz (Zarxio®) Q5101*
		Pegfilgrastim (Neulasta®) J2506*
		Pegfilgrastim-apgf, biosimilar (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>Bone-modifying agent that requires prior authorization:</u>
		Denosumab (Xgeva®) J0897
		<u>Erythropoiesis-Stimulating Agents</u> J0885
		<u>Therapeutic Radiopharmaceuticals</u> A9615
		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 .

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization																																																																																																																											
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance	<p>Please submit requests online using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal at UHCprovider.com. Or, you can call 866-889-8054.</p> <p>For more details and the list of CPT codes requiring prior authorization, please visit UHCprovider.com/PAcommunityplan>Prior Authorization and Notification Resources>Cardiology Prior Authorization and Notification Program</p>																																																																																																																											
Cardiovascular	Prior authorization required for the codes listed.	<p>93580</p> <p>* Prior authorization not required for the following diagnosis codes:</p> <table border="1" data-bbox="743 730 1365 1892"> <tbody> <tr><td>E08.52</td><td>E09.52</td><td>E10.52</td><td>E11.52</td></tr> <tr><td>E13.52</td><td>I70.221</td><td>I70.222</td><td>I70.223</td></tr> <tr><td>I70.228</td><td>I70.229</td><td>I70.231</td><td>I70.232</td></tr> <tr><td>I70.233</td><td>I70.234</td><td>I70.235</td><td>I70.238</td></tr> <tr><td>I70.239</td><td>I70.241</td><td>I70.242</td><td>I70.243</td></tr> <tr><td>I70.244</td><td>I70.245</td><td>I70.248</td><td>I70.249</td></tr> <tr><td>I70.25</td><td>I70.261</td><td>I70.262</td><td>I70.263</td></tr> <tr><td>I70.268</td><td>I70.269</td><td>I70.321</td><td>I70.322</td></tr> <tr><td>I70.323</td><td>I70.329</td><td>I70.331</td><td>I70.332</td></tr> <tr><td>I70.333</td><td>I70.334</td><td>I70.335</td><td>I70.338</td></tr> <tr><td>I70.339</td><td>I70.341</td><td>I70.342</td><td>I70.343</td></tr> <tr><td>I70.344</td><td>I70.345</td><td>I70.348</td><td>I70.349</td></tr> <tr><td>I70.35</td><td>I70.361</td><td>I70.362</td><td>I70.363</td></tr> <tr><td>I70.369</td><td>I70.421</td><td>I70.422</td><td>I70.423</td></tr> <tr><td>I70.428</td><td>I70.429</td><td>I70.431</td><td>I70.432</td></tr> <tr><td>I70.433</td><td>I70.434</td><td>I70.435</td><td>I70.438</td></tr> <tr><td>I70.439</td><td>I70.441</td><td>I70.442</td><td>I70.443</td></tr> <tr><td>I70.444</td><td>I70.445</td><td>I70.448</td><td>I70.449</td></tr> <tr><td>I70.461</td><td>I70.462</td><td>I70.463</td><td>I70.468</td></tr> <tr><td>I70.469</td><td>I70.521</td><td>I70.522</td><td>I70.523</td></tr> <tr><td>I70.528</td><td>I70.529</td><td>I70.531</td><td>I70.532</td></tr> <tr><td>I70.533</td><td>I70.534</td><td>I70.535</td><td>I70.538</td></tr> <tr><td>I70.539</td><td>I70.541</td><td>I70.542</td><td>I70.543</td></tr> <tr><td>I70.544</td><td>I70.545</td><td>I70.548</td><td>I70.549</td></tr> <tr><td>I70.561</td><td>I70.562</td><td>I70.563</td><td>I70.568</td></tr> <tr><td>I70.569</td><td>I70.621</td><td>I70.622</td><td>I70.623</td></tr> <tr><td>I70.628</td><td>I70.629</td><td>I70.631</td><td>I70.632</td></tr> <tr><td>I70.633</td><td>I70.634</td><td>I70.635</td><td>I70.638</td></tr> <tr><td>I70.639</td><td>I70.641</td><td>I70.642</td><td>I70.643</td></tr> <tr><td>I70.644</td><td>I70.645</td><td>I70.648</td><td>I70.649</td></tr> </tbody> </table>				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
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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)	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	
	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	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		I73.81			
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 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 <p>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.</p>			
Cochlear implants and other auditory implants	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					
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2102	A9277 E2103
Cosmetic and reconstructive	Prior authorization required	11960 15820 15830 15879* 17999 21172	14020** 15821 15847 17106 21137 21175	14021** 15822 15877 17107 21138 21179	14061** 15823 15878* 17108 21139 21180
Cosmetic procedures that change or improve physical appearance without					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
significantly improving or restoring physiological function		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67900	67901	67902	67903
		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

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

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Gender dysphoria treatment (cont.)		55180	56625	56800	56805
		57110	57335	58541	58554
		58661	58720	58940	58999
		64856	64892	64896	69300
		90785	96372		
Genetic and molecular testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.	81163	81164	81228	81229
		81277	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
	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.	81416	81417	81431	81435
		81437	81439	81440	81445
		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
	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	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	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			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
Hospice	Prior authorization required	T2045			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58542
		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			
		Adzynma			
		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®					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	J0256				
	Aranesp				
	J0881				
	Arcalyst				
	J2793				
	Aveed				
	J3145				
	Avsola™				
	Q5121				
	Avtozma				
	Q5156				
	Azmiro				
	J1072				
	Benefix, Ixinity				
	J7195				
	Benlysta				
	J0490				
	Beovu				
	J0179				
	Beqvez				
	J1414				
	Berinert				
	J0597				
	Bildyos				
	Q5162				
	Bkemv				
	Q5152				
	Boniva (ibandronate)				
	J1740				
	Botulinum toxins				
	J0585		J0586	J0587	J0588
	Brineura™				
	J0567				
	Briumvi®				
	J2329				
	Byooviz				
	Q5124				
	Cerezyme®				
	J1786				
	Chlorpromazine				
J3230					
Cimerli					
Q5128					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Cimzia®* J0717 Cinqair® J2786 Cinryze® J0598 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®

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J3380 Epogen, Procrit J0885 Epysqli Q5151 Esperoct 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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Givlaari®				
	J0223				
	Glassia				
	J0257				
	Haloperidol Decanoate				
	J1631				
	Hemgenix				
	J1411				
	Hemlibra				
	J7170				
	Hemophilia clotting factor, not otherwise classified				
	J7199				
	Humate-P				
	J7187				
	Hypavzi				
	J7172				
	Idelvion				
	J7202				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Imaavy				
	J9256				
	Imuldosa IV				
	Q5098				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1552	
	J1553	J1554	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	Ixinity				
	J7213				
	Izervay				
	J2782				
Jivi					
J7208					
Jubbonti-Wyost					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Q5136 Kalbitor® J1290 Kanuma® J2840 Kisunla J0175 Koate, Hemofil M 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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Monoferric® J1437
		Naglazyme® J1458
		Nexviazyme® J0219
		Niktimvo J9038
		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
		Papzimeos

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J3404 Parsabiv™
		J0606 Pavblu
		Q5147 Phenergan (promethazine)
		J2550 PiaSky
		J1307 Pombiliti
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Rituxan Hycela®				
	J9311				
	Rixubis				
	J7200				
	Roctavian				
	J1412				
	Rolvedon				
	J1449				
	Ruconest®				
	J0596				
	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™					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)	J2326	
	Spravato®	
	J0013	
	Stelara	
	J3358	
	Steqeyma IV	
	Q5099	
	Stimufend	
	Q5127	
	Stoboclo	
	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	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Triptodur® J3316
		Trogarzo™ J1746
		Truxima® Q5115
		Tyenne Q5135
		Tzield™ J9381
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)	J9334				
	Wezlana IV				
	Q5138				
	White blood cell colony stimulating factors***				
	J1442	J1447	J1448	J2506	
	Q5101	Q5108	Q5110	Q5111	
	Q5120	Q5122			
	Wilate				
	J7183				
	Xembify®				
	J1558				
	Xenpozyme™				
	J0218				
	Xolair®				
	J2357				
	Xyntha				
	J7185				
	Yesintek IV				
	Q5100				
	Zinplava				
J0565					
Zoladex®					
J9202					
Zolgensma®					
J3399					
Zyprexa					
J2359					

* 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**.

** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Kebilidi, Rivfloza, Revcovi and Starjemza

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.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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 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	
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for 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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Orthotics and prosthetics (cont.)	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
	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	L6055
	L6100	L6110	L6050	L6130
	L6200	L6205	L6120	L6300
	L6310	L6320	L6250	L6360
	L6370	L6380	L6350	L6384
	L6400	L6450	L6382	L6550
	L6570	L6580	L6500	L6584
	L6586	L6588	L6582	L6621
	L6623	L6624	L6590	L6648
	L6686	L6687	L6646	L6690
	L6692	L6693	L6689	L6695

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6696	L6697	L6694	L6707
		L6708	L6709	L6704	L6712
		L6713	L6714	L6711	L6880
		L6881	L6882	L6715	L6884
		L6885	L6895	L6883	L6905
		L6910	L6915	L6900	L6925
		L6930	L6935	L6920	L6945
		L6950	L6955	L6940	L6965
		L6970	L6975	L6960	L7008
		L7009	L7040	L7007	L7170
		L7180	L7181	L7045	L7186
		L7190	L7191	L7185	L8040
		L8042	L8043	L7405	L8045
		L8046	L8047	L8044	L8609
		L8610	L8612	L8499	L8659
	L8631				
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 53852	52441 55866	52442 55873	53850 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

Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:

- Certain CT, MRI, MRA and PET scans
- Nuclear medicine and nuclear cardiology procedures

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**.

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**.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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For more details and the CPT codes that require prior authorization, please see [UHCprovider.com/PACommunityPlan>Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program](https://UHCprovider.com/PACommunityPlan>PriorAuthorizationandNotificationResources>RadiologyPriorAuthorizationandNotificationProgram)

Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Sinuplasty	Prior authorization required	31295	31296	31297	31298
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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		

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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				
Site of service (SOS) - outpatient hospital (cont.)		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				
		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								

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) - outpatient hospital (cont.)		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)		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	63271	63185	63190
		63270	63301	63267	63268
		63300	63305	63272	63286
		63304	0098T	63302	63303
		63306	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplants (cont.)		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
		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	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		
Ventricular assist devices (VAD)	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 .			
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
Wound vac	Prior authorization required	E2402			