

Prior authorization requirements for UnitedHealthcare Community Plan of Pennsylvania

Effective February 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Pennsylvania 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	59841	59850	59851
		59852	59855	59856	59857
		59866			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Behavioral health services	These services are carved out and are managed by the Behavioral Health Managed Care Organization (MCO) that covers the member's county of residence. For more information, please call the Member Services number on the back of the ID card.				
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	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			
	*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			
		Fosaprepitant (Teva)			
		J1456			
		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*			

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 the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and sign in. 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	For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com . You can also call

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

and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance

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 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

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				
	Cerebral seizure monitoring – Inpatient video	Prior authorization required for inpatient services	95700	95711	95712	95713
			95714	95715	95716	95718

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Electroencephalogram (EEG)	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
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 by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com . After signing in, select Prior Authorization and Notification on your dashboard. Or, you can call 888 397 8129 .			
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 A9277* E2103	A4238 A9278*	A4239 E0787	A9276* E2102
		*This code is for a product that is not reimbursable on the medical benefit. Requests for this product need to be submitted to OptumRx. Please contact the OptumRx Help Desk at 800-711-4555 for more information.			
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 significantly					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
improving or restoring physiological function	21181	21182	21183	21184
Reconstructive procedures that treat a medical condition	21230	21235	21256	21275
or improve or restore physiologic function	21280	21282	21295	21740
	21742	21743	28344	30620
	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
C44.729	C44.791	C44.792	C44.799

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Cosmetic and reconstructive (cont.)		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		
K0862		K0863	K0864	K0868		
K0869		K0870	K0871	K0877		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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
		B4102	B4103	B4104	B4149
In-home nutritional therapy, either enteral or through a gastrostomy tube		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		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
Gender dysphoria treatment (cont.)		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	
	Health care professionals 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 CPT codes registered with the Genetic and molecular testing prior authorization/notification program for each specified genetic test.	81277	81400	81401	81402	
		81403	81404	81405	81406	
		81407	81408	81410	81411	
		81412	81413	81414	81415	
		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	
		0269U	0270U	0271U	0272U	
		0273U	0274U	0276U	0277U	
		0278U	0282U	0285U	0286U	
		0288U	0289U	0290U	0291U	
		0292U	0293U	0294U	0306U	
		0307U	0318U	0319U	0320U	
		The ordering health care professional must notify the laboratory conducting the test, and the lab will notify UnitedHealthcare.	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				
Human milk bank	Prior authorization required	T2101			
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™					

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

Injectable medications (cont.)

J0225
Aralast® NP, Prolastin-C®, Zemaira®
 J0256
Aranesp
 J0881
Arcalyst
 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

CPT® is a registered trademark of the American Medical Association.
 PCA-2-24-00099-POE-QRG_01312024



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

Eloctate
J7205

Encelto
J3403

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				
	Hypnavor				
	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					

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

Injectable medications (cont.)

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™nolibry
J3398

Mepsevii®
J3397

Miacalcin (calcitonin)
J0630

Mircera
J0888

Monoferric®
J1437

Naglazyme®

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		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 OtulfI IV
		Q9999 Oxlumo™
		J0224 Panzyga®
		J1576 Parsabiv™
		J0606 Pavblu
		Q5147

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

Injectable medications (cont.)

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

Rituxan Hycela®

J9311

Rixubis

J7200

Roctavian

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

Injectable medications (cont.)	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				
	Spinraza™				
	J2326				
	Spravato®				
J0013					
Spevigo®					
J1747					
Stelara					
J3358					

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

Injectable medications (cont.)

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		
Triptodur®		
J3316		
Trogarzo™		
J1746		
Truxima®		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Q5115				
	Tyenne				
	Q5135				
	Tysabri®				
	J2323				
	Tziend™				
	J9381				
	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		

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

Injectable medications (cont.)	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 C9151, C9160, C9172, C9399, J3490 and J3590, prior authorization is only required for Kabilidi, 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.

Inpatient admission	Notification required for admissions	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:
----------------------------	--------------------------------------	---

CPT® is a registered trademark of the American Medical Association.
PCA-2-24-00099-POE-QRG_01312024



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

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and Prosthetics (cont.)		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
	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 53852	52441 55873	52442 55874	53850
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</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Authorization and Notification.					
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
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.	Auditory system			
	Prior authorization is not required if performed at a participating ASC	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		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	64561	64640			
Ophthalmologic	65426	65730	65855	66170	
	66761	67028	67036	67040	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		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
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	63003	63005	22899
		63001	63015	63016	63011

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

Spinal surgery (cont.)		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
		63300	63305	63306	63303
		63304	0098T	63307	63308

*SOS also applies

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		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® (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 **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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Transplants (cont.)		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	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		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			