Prior authorization requirements for UnitedHealthcare Community Plan of Pennsylvania

Effective June 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**

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	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		
BRCA genetic testing	Prior authorization	81162	81432		

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
	required	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971 19316 19318 19325 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 *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.	Q5136 Q5157 Q5158 Q5159 **<u>Antiemetics</u>** J1434 J2468 Fosaprepitant, 1 mg (Emend for Injection) J1453 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®)

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Cancer supportive care (cont.)		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* **Bone-modifying agent that requires prior authorization:** Denosumab (Xgeva®) J0897 **Erythropoiesis-Stimulating Agents** J0885 **Therapeutic Radiopharmaceuticals** A9615 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**.
Cardiology	Prior authorization required for participating	For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. To get

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	physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance	started, go to **UHCprovider.com.** You can also call **866-889-8054**. 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**
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

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Cardiovascular (cont.)		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
		I73.81			
Cerebral seizure	Prior authorization	95700	95711	95712	95713

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
monitoring – Inpatient video Electroencephalogram (EEG)	required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714 95720	95715 95722	95716 95724	95718 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:** • 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 A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 A9277* E2103 *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.	A4238 A9278*	A4239 E0787	A9276* E2102
Cosmetic and reconstructive Cosmetic procedures that change or improve	Prior authorization required	11960 15820 15830 15879*	14020** 15821 15847 17106	14021** 15822 15877 17107	14061** 15823 15878* 17108

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		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

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		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 Prosthetics are not DME – See orthotics and prosthetics	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
		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

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Durable medical equipment (DME) (cont.)		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040	T1999	T5999	V2786
		V5269	V5270	V5271	V5272
		V5274	V5281	V5282	V5283
		V5286	V5287	V5288	V5290
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		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

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Gender dysphoria treatment (cont.)		54520	54660	54690	55175
		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. 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. Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering health care professional must notify the laboratory conducting the test, and the lab will notify UnitedHealthcare.	81163	81164	81228	81229
		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
		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	

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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
Hospice	Prior authorization required	T2045			
Hysterectomy	Prior authorization required	58150 58262 58290 58543 58553 58573	58152 58263 58291 58544 58570	58180 58267 58292 58550 58571	58260 58270 58542 58552 58572
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 **Adzynma** J7171 **Afstyla** J7210 **Aldurazyme®** J1931 **Alhemo** J7173 **Alphanate** J7186 **AlphaNine SD, Mononine** J7193 **Alprolix** J7201 **Altuviio** J7214 **Amondys 45** J1426 **Amvuttra™**			

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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 **Bildyos** Q5162 **Bkemv** Q5152 **Boniva (ibandronate)** J1740 **Botulinum toxins** J0585 J0586 J0587 J0588 **Brineura™** J0567 **Briumvi®** J2329 **Byooviz** Q5124 **Cerezyme®** J1786 **Chlorpromazine** J3230

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Cimerli®** Q5128 **Cimzia®*** J0717 **Cinqair®** J2786 **Cinryze®** J0598 **Coagadex** J7175 **Conexxence** 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™**

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J1302 **Entyvio®** 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 **Fylnetra®** Q5130 **Gamifant®** J9210 **Gazyva** J9301

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Gelsyn-3** J7328 **Geodon (ziprasidone mesylate)** J3486 **Givlaari®** J0223 **Glassia** J0257 **Haloperidol Decanoate** J1631 **Hemgenix®** J1411 **Hemlibra** J7170 **Hemophilia clotting factor, not otherwise classified** J7199 **Humate-P** J7187 **Hympavzi** 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**

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J2782 **Jivi** J7208 **Jubbonti-Wyost** 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™nulibry** J3398 **Mepsevii®** J3397

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Miacalcin (calcitonin)** J0630 **Mircera** J0888 **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 **Otulfi IV** Q9999 **Oxlumo™**

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J0224 **Panzyga®** J1576 **Papzimeos** 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

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**RiaSTAP** J7178 **Rituxan®** J9312 **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**

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J1930 **Spinraza™** J2326 **Spravato®** J0013 **Spevigo®** J1747 **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

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Tremfya IV** J1628 **Tretten** J7181 **Triptodur®** J3316 **Trogarzo™** J1746 **Truxima®** Q5115 **Tyenne** Q5135 **Tysabri®** J2323 **Tzield™** 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®**

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

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

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		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

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and Prosthetics (cont.)		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
		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	52441	52442	53850
		53852	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	Prior authorization required for participating physicians who request these advanced outpatient imaging	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**.			

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
	procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	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**. 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**
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
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

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

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		29824	29825	29826	29827
		29828	29835	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
		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 Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
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

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	63003	63005	22899
		63001	63015	63016	63011
		63012	63030	63040	63017
		63020	63046	63047	63042
		63045	63056	63064	63050
		63055	63081	63085	63075
		63077	63101	63102	63087
		63090	63173	63185	63170
		63172	63200	63250	63190
		63191	63265	63267	63251
		63252	63271	63272	63268
		63270	63301	63302	63286
		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 Maraluecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at **888-936-7246** or the notification number on the back of the member's			

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Transplants (cont.)		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 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	36473 36475 36478 37700 37718 37722 37765 37766 37780
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the	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

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
damaged ventricle of the heart and restores normal blood flow		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			

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