

Prior Authorization Requirements for Pennsylvania CHIP

Effective November 1, 2020

General Information

This list contains prior authorization requirements for participating care providers with UnitedHealthcare Community Plan in Pennsylvania CHIP for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard.
- **Phone:** 800-600-9007
- **Fax:** 877-310-3826

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or 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	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		
BRCA genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	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 <i>*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111</i>	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110*			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																				
Cancer supportive care (continued)	and Q5120 also require prior authorization for non-oncology DX. See Injectable medications section below.	<p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2505*</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><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p>Please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129.</p>																																																				
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require 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>75710* 75716*</p> <p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td>E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td>E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td>E11.621</td> </tr> <tr> <td>E13.51</td> <td>E13.52</td> <td>E13.59</td> <td>E13.621</td> </tr> <tr> <td>I70.201</td> <td>I70.202</td> <td>I70.203</td> <td>I70.208</td> </tr> <tr> <td>I70.209</td> <td>I70.211</td> <td>I70.212</td> <td>I70.213</td> </tr> <tr> <td>I70.218</td> <td>I70.219</td> <td>I70.221</td> <td>I70.222</td> </tr> <tr> <td>I70.223</td> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> </tr> <tr> <td>I70.232</td> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> </tr> <tr> <td>I70.238</td> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> </tr> <tr> <td>I70.243</td> <td>I70.244</td> <td>I70.245</td> <td>I70.248</td> </tr> <tr> <td>I70.249</td> <td>I70.25</td> <td>I70.261</td> <td>I70.262</td> </tr> </table>	E08.51	E08.52	E08.59	E08.621	E09.51	E09.52	E09.59	E09.621	E10.51	E10.52	E10.59	E10.621	E11.51	E11.52	E11.59	E11.621	E13.51	E13.52	E13.59	E13.621	I70.201	I70.202	I70.203	I70.208	I70.209	I70.211	I70.212	I70.213	I70.218	I70.219	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
E08.51	E08.52	E08.59	E08.621																																																			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.263	170.268	170.269	170.291
		170.292	170.293	170.298	170.299
		170.301	170.302	170.303	170.308
		170.309	170.311	170.312	170.313
		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
	Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712
		95714	95715	95716	95718
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) • 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 Healthcare Common Procedure Coding System (HCPCS) code <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call 888-397-8129.</p>			
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		
Cochlear implants and other auditory implants (continued)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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deafness achieve
conversational speech

Cosmetic and reconstructive	Prior authorization required	11960	11971	15820	15821
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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		

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	
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i>		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	E0787	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	E2300	E2301	E2310	
		E2311	E2322	E2325	E2327	
		E2329	E2331	E2351	E2373	
		E2510	E2511	E2512	E2599	
		E2626	E2627	E2628	E2629	
		E2630	E8000	K0005	K0008	
		K0013	K0108	K0812	K0830	
		K0831	K0848	K0849	K0850	
		K0851	K0852	K0853	K0854	
		K0855	K0856	K0857	K0858	
Durable medical equipment (DME) (continued)		K0859	K0860	K0861	K0862	
		K0863	K0864	K0868	K0869	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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	0085T	0191T	33477	36514
		55866	64722	65765	65767
		66180	A4226	A4638	A6000
		A9274	E0231	E1831	S0810
		S1030	S1031	S2102	S9988
	S9990	S9991			

Femoroacetabular impingement syndrome (FAI)	Prior Authorization required	29916			
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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		
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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	15819	15824	15825
15826	15828	15829	15832
15833	15834	15835	15836
15837	15838	15839	15876
15878	15879	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	58150	58180	58260

Gender dysphoria treatment (continued)				
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		58262	58290	58291	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	58661
		58720	58940	58999	64856
		64892	64896	69300	90785
		96372			
Genetic and molecular testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
	Care providers 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.	81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81202
		81203	81204	81205	81206
		81207	81208	81209	81210
		81212	81215	81216	81217
	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.	81218	81219	81220	81221
		81222	81223	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
		81234	81235	81236	81237
		81238	81239	81240	81241
		81242	81243	81244	81245
		81246	81247	81248	81249
		81250	81251	81252	81253
		81254	81255	81256	81257
		81258	81259	81260	81261
		81262	81263	81264	81265
		81266	81267	81268	81269
		81270	81271	81272	81273
		81274	81275	81276	81283
		81284	81285	81286	81287
		81288	81289	81290	81291
		81292	81293	81294	81295
		81296	81297	81298	81299
		81300	81301	81302	81303
		81304	81305	81306	81310
Genetic and molecular testing (continued)		81311	81312	81313	81314
		81315	81316	81317	81318
		81319	81320	81321	81322

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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81323	81324	81325	81326
81327	81328	81329	81330
81331	81332	81333	81334
81335	81336	81337	81340
81341	81342	81343	81344
81345	81346	81350	81355
81361	81362	81363	81364
81370	81371	81372	81373
81374	81375	81376	81377
81378	81379	81380	81381
81382	81383	81400	81401
81402	81403	81404	81405
81406	81407	81408	81410
81411	81412	81413	81414
81415	81416	81417	81430
81431	81432	81433	81434
81435	81436	81437	81438
81439	81440	81442	81445
81448	81460	81465	81470
81471	81479	81518	81519
81520	81521	81545	81595
81599	87481	87482	87505
87506	87507	87510	87511
87512	87623	87797	87798
87799	87800	87801	0004M
0001U	0012U	0013U	0014U
0016U	0017U	0018U	0022U
0023U	0026U	0027U	0030U
0031U	0032U	0033U	0034U
0040U	0046U	0049U	0055U
0060U	0068U	0070U	0071U
0072U	0073U	0074U	0075U
0076U	0084U	0087U	0088U
0097U	0101U	0102U	0103U
S3870			

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
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Injectable medications	Prior authorization required	Actemra®
		J3262
		Acthar®
		J0800
Injectable medications (continued)		Adakveo®
		J0791

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		Aldurazyme®			
		J1931			
		Aralast® NP, Prolastin-C®, Zemaira®			
		J0256			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Berinert			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Cerezyme®			
		J1786			
		Cimzia®			
		J0717			
		Cinqair®			
		J2786			
		Cinryze®			
		J0598			
		Crysvita®			
		J0584			
		Elaprase®			
		J1743			
		Elelyso®			
		J3060			
		Entyvio®			
		J3380			
		Evenity™			
		J3111			
		Exondys 51™			
		J1428			
		Fabrazyme®			
		J0180			
		Fasenra™			
		J0517			
		Feraheme®			
		Q0138			
		Gamifant®			
		J9210			
		Givlaari®			
		J0223			
		Glassia			
		J0257			
Injectable medications (continued)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Inflectra®			
		Q5103			
		Injectafer®			
		J1439			
		IVIG			
		90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575	J1599		
		Kalbitor®			
		J1290			
		Kanuma®			
		J2840			
		Krystexxa®			
		J2507			
		Lemtrada®			
		J0202			
		Lumizyme®			
		J0221			
		Luxturna™			
		J3398			
		Makena®			
		J1726	J1729	J2675	
		Mepsevii®			
		J3397			
		Monoferric®			
		J1437			
		Naglazyme®			
		J1458			
		Nucala®			
		J2182			
		Ocrevus™			
		J2350			
		Onpattro™			
		J0222			
		Orencia®			
		J0129			
		Parsabiv™			
		J0606			
Injectable medications (continued)		Probuphine®			
		J0570			
		Radicava®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		J1301			
		Reblozyl®			
		J0896			
		Remicade®			
		J1745			
		Renflexis®			
		Q5104			
		Rituxan®			
		J9312			
		Rituxan Hycela®			
		J9311			
		Ruconest®			
		J0596			
		Ruxience®			
		Q5119			
		Simponi Aria®			
		J1602			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332	J7333	
		Soliris®			
		J1300			
		Spinraza™			
		J2326			
		Stelara®			
		J3358			
		Sublocade™			
		Q9991	Q9992		
		Synagis®*			
		90378			
		Tepezza®			
		J3241			
		Trogarzo™			
		J1746			
		Truxima®			
		Q5115			
		Tysabri®			
		J2323			
		Ultomiris™			
		J1303			
		Unclassified codes**			
		C9399	J3490	J3590	
		Vimizim®			
		J1322			
		VPRIV®			
Injectable medications (continued)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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J3385
Vyepti™
 J3032
Vyondys 53®
 J1429
White blood cell colony stimulating factors***
 J1442 J1447 J2505 Q5101
 Q5108 Q5110 Q5111 Q5120
Xembify®
 J1558
Xolair®*
 J2357
Zolgensma®
 J3399

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 & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

* Please obtain prior notification for Cimzia, Synagis and Xolair through OptumRx prior notifications services at **800-310-6826**.

** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Revcovi, and Spravato™.

***Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111 and Q5120; White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX. For oncology DX, please see Cancer supportive care section above. For non-oncology DX, submit online at UHCProvider.com > Link > Prior Authorization and Notification tool on your link dashboard or call 877-842-3210.

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	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
Joint replacement (continued)		29867	29868	J7330	S2112
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		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
		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		
Orthotics and prosthetics (continued)		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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L5649	L5651	L5653	L5661	
L5673	L5682	L5683	L5700	
L5702	L5703	L5705	L5706	
L5716	L5718	L5722	L5724	
L5726	L5728	L5780	L5790	
L5795	L5811	L5812	L5814	
L5816	L5818	L5822	L5824	
L5826	L5828	L5830	L5845	
L5848	L5857	L5858	L5930	
L5950	L5960	L5961	L5962	
L5964	L5966	L5968	L5973	
L5976	L5979	L5980	L5981	
L5982	L5984	L5986	L5987	
L5988	L5990	L5999	L6000	
L6010	L6020	L6050	L6055	
L6100	L6110	L6120	L6130	
L6200	L6205	L6250	L6300	
L6310	L6320	L6350	L6360	
L6370	L6380	L6382	L6384	
L6400	L6450	L6500	L6550	
L6570	L6580	L6582	L6584	
L6586	L6588	L6590	L6621	
L6623	L6624	L6646	L6648	
L6686	L6687	L6689	L6690	
L6692	L6693	L6694	L6695	
L6696	L6697	L6704	L6707	
L6708	L6709	L6711	L6712	
L6713	L6714	L6715	L6880	
L6881	L6882	L6883	L6884	
L6885	L6895	L6900	L6905	
L6910	L6915	L6920	L6925	
L6930	L6935	L6940	L6945	
L6950	L6955	L6960	L6965	
L6970	L6975	L7007	L7008	
L7009	L7040	L7045	L7170	
L7180	L7181	L7185	L7186	
L7190	L7191	L7405	L8040	
L8042	L8043	L8044	L8045	
L8046	L8047	L8499	L8609	
L8610	L8612	L8631	L8659	

Pediatric day services (PDHC)	Prior authorization required	T1024			
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Proton beam therapy Focused radiation therapy using beams of protons, which are Proton beam therapy (continued)	Prior authorization required	77520	77522	77523	77525

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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tiny particles with a positive charge

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

Care providers 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 by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call **866-889-8054**.

For more details and the CPT codes that require prior authorization, please visit **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
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Site of service (SOS) – outpatient hospital

Prior authorization only required when requesting service in an outpatient hospital setting

Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)

Auditory System

69205

Cardiovascular System

36590 36832

Carpal tunnel surgery

64721

Cataract surgery

66821 66982 66984

Colonoscopy

45378 45380 45384 45385

Cosmetic and reconstructive

13101 13132 14040 14060
14301 21552 21931

Digestive System

42415 42440 43200 43236
43237 43238 43242 43245
43246 43247 43248 43251
43254 43255 43259 44360
44361 45171 45334 45335
45381 45390 45990 46020
46040 46050 46200 46220
46221 46250 46255 46261
46270 46275 46288 46505
46750 46910 46946

Ear, nose and throat (ENT) procedures

21320 30140 30520 69436
69631

Eye and Ocular Adnexa

65710 65820 66250 66710
66711 66825 66986 66987
66988 67010 67041 67042

Site of service (SOS) – outpatient hospital (continued)

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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	49585	49587	49650
		49651	49652	49653	49654
		49655			
		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	22514	22902	22903
		23071	23075	24071	27327
		27337	27632	28035	28039
		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	28285	28289	28292
		28296	28297	28298	28299
		29806	29807	29819	29822
		29823	29824	29825	29826
		29827	29828	29835	29840
		29845	29846	29848	29861
		29875	29876	29877	29879
		29880	29881	29882	29888
		29893	G0260		
		Nervous System			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory System			
Site of service (SOS) – outpatient hospital (continued)					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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	55700	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	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		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	22864	22865
		22899	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63045	63046	63047
		63050	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63170	63172	63173	63180
		63182	63185	63190	63191
		63194	63195	63196	63198
		63199	63200	63250	63251
		63252	63265	63267	63268
Spinal surgery (continued)		63270	63271	63272	63286
		63300	63301	63302	63303

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		63304 63308	63305	63306	63307 63308
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		0312T	0313T	0314T	0315T
		0316T	0317T	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 Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		CAR T-Cell Therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
		*Code 38232 will only require prior authorization for an oncology diagnosis			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		855-282-8929.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			