

Prior Authorization Requirements for Pennsylvania Medicaid

Effective July 1, 2021

General Information

This list contains prior authorization requirements for participating care providers with UnitedHealthcare Community Plan in Pennsylvania 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:** 800-366-7304
- **Fax:** 800-600-9007

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, as identified below.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or 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 required	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the breast	Prior authorization required	19316 19330	19318 19340	19325 19342	19328 19350

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) except when following mastectomy		19357 19368 19380	19361 19369 19396	19364 19370 L8600	19367 19371
Cancer supportive care	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2505*</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><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>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</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiology (continued)

Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance 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.

37220	37221	37224	37225
37226	37227	37228	37229
75710*	75716*		

*Prior authorization required for the following diagnosis codes:

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
I70.263	I70.268	I70.269	I70.291
I70.292	I70.293	I70.298	I70.299
I70.301	I70.302	I70.303	I70.308
I70.309	I70.311	I70.312	I70.313
I70.318	I70.319	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	I70.391	I70.392	I70.393
I70.399	I70.401	I70.402	I70.403
I70.408	I70.409	I70.411	I70.412
I70.413	I70.418	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	I70.491	I70.492
I70.493	I70.498	I70.499	I70.501
I70.502	I70.503	I70.508	I70.509
I70.511	I70.512	I70.513	I70.518

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.519	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	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		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
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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	95713
		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), 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 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	Prior authorization required	69710	69714	69715	69718
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		69930	L8614	L8619	L8690
		L8691	L8692		
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A9276	A9277	A9278
		E0787	K0553	K0554	
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
		21181	21182	21183	21184
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (continued)		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
		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	
	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	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	Prior authorization required	0191T	33477	36514	55866

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental and investigational (and/or linked services) (continued)		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	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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Genetic and molecular testing (continued)	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	
		81218	81219	81220	81221	
		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.	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
			81311	81312	81313	81314
			81315	81316	81317	81318
			81319	81320	81321	81322
			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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing (continued)		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	81546	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	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			
Human milk bank	Prior authorization required	T2101			
Injectable medications	Prior authorization required	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			
		J0791			
		Aldurazyme®			
J1931					
		Aralast® NP, Prolastin-C®, Zemaira®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	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				
	Firmagon®				
J9155					
Gamifant®					
J9210					
Givlaari®					
J0223					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Glassia				
	J0257				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Krystexxa®				
	J2507				
	Lemtrada®				
	J0202				
	Lumizyme®				
	J0221				
	Lupron Depot®				
	J1950				
	Lupron Depot, Eligard®				
	J9217				
	Luxturna™				
	J3398				
	Makena®				
	J1726	J1729	J2675		
	Mepsevii®				
	J3397				
	Monoferric®				
	J1437				
	Naglazyme®				
J1458					
Nplate®****					
J2796					
Nucala®					
J2182					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Ocrevus™				
	J2350				
	Octreotide Acetate****				
	J2354				
	Onpattro™				
	J0222				
	Orencia®				
	J0129				
	Oxlumo™				
	J0224				
	Parsabiv™				
	J0606				
	Probuphine®				
	J0570				
	Radicava®				
	J1301				
	Reblozyl®				
	J0896				
	Remicade®				
	J1745				
	Renflexis®				
	Q5104				
	Riabni™				
	Q5123				
	Rituxan®				
	J9312				
	Rituxan Hycela®				
	J9311				
	Ruconest®				
	J0596				
Ruxience®					
Q5119					
Sandostatin® LAR****					
J2353					
Scenesse®					
J7352					
Signifor® LAR****					
J2502					
Simponi Aria®					
J1602					
Sodium Hyaluronate					
J7320	J7321	J7322	J7324		
J7325	J7326	J7327	J7329		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)		J7331 Soliris®	J7332	
		J1300 Somatuline® Depot****		
		J1930 Spinraza™		
		J2326 Spravato®		
		S0013 Stelara		
		J3358 Sublocade™		
		Q9991 Supprelin® LA	Q9992	
		J9226 Synagis®*		
		90378 Tepezza®		
		J3241 Trelstar®		
		J3315 Triptodur®		
		J3316 Trogarzo™		
		J1746 Truxima®		
		Q5115 Tysabri®		
		J2323 Ultomiris™		
		J1303 Unclassified codes**		
		C9399 Uplizna®	J3490	J3590
		J1823 Vantas™		
		J9225 Viltepso™		
		J1427 Vimizim®		
		J1322 VPRIV®		
		J3385		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Vyepti™ J3032 Vyondys 53® J1429 White blood cell colony stimulating factors*** J1442 J1447 J2505 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 Xembify® J1558 Xolair®* J2357 Zoladex® J9202 Zolgensma® J3399			
<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p>					
<p>* Please obtain prior notification for Cimzia, Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</p>					
<p>** For unclassified and temporary codes C9075, C9399, J3490 and J3590, prior authorization is only required for Amondys 45 (casimersen), Cutaquig®, Lupaneta Pack™ and Revcovi.</p>					
<p>***Codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, and Q5122; 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.</p>					
<p>**** Codes are effective 8/1/2021</p>					
Inpatient admission	Notification required for admissions	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities 			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27125	23472 24361 24371 27130	23473 24362 27120 27132	23474 24363 27122 27134

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Joint replacement (continued)		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery 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
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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Orthotics and prosthetics (continued)		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
	L6950	L6955	L6960	L6965	
	L6970	L6975	L7007	L7008	
	L7009	L7040	L7045	L7170	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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 tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>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.</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 > Radiology Prior Authorization and Notification Program.</p>			
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 only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<p>Auditory System</p> <p>69205</p> <p>Cardiovascular System</p> <p>36590 36832</p> <p>Carpal tunnel surgery</p> <p>64721</p> <p>Cataract surgery</p> <p>66821 66982 66984</p> <p>Colonoscopy</p> <p>45378 45380 45384 45385</p> <p>Cosmetic and reconstructive</p> <p>13101 13132 14040 14060</p> <p>14301 21552 21931</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	Digestive System				
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Eye and Ocular Adnexa			
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042
		67105	67108	67113	67840
		68110	68115	68320	68720
		68815			
		Female Genital System			
		57240	57250	57461	57520
		58561	58562		
		Gynecologic procedures			
		57522	58353	58558	58563
		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			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)	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			
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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	63185
		63190	63191	63194	63195
		63196	63198	63199	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
63302	63303	63304	63305		
63306	63307	63308			

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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Stimulators		L8688			
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucel), 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
		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
		C9076**	C9399**	J3490**	J3590**
		J9999**	Q2041	Q2042	Q2053
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		** For unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®.			
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	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			

