

Prior Authorization Requirements for Rhode Island Medicaid

Effective January 1, 2022

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Rhode Island participating care providers 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 UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** 866-604-3267

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.

Facilities must provide admission notification even if advance notification was provided by a physician and a pre-service coverage approval is on file.

Prior authorization is the process where health care providers seek approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Adult day services	Prior authorization required	S5102			
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
Behavioral health services	Prior authorization is not required for routine outpatient services.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services			
Behavioral health services through a designated behavioral health network	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
Bone growth stimulator	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) (continued) Reconstruction of the breast, except when following mastectomy		19368	19369	19370	19371
		19380	19396	L8600	
Cancer supportive services	<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, J1448, J2506, 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®) J2506*</p> <p>Pegfilgrastim-appgf, biosimilar (Nyvepria®) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela®) J1448*</p> <p><u>Bone-modifying agent that requires prior authorization:</u></p> <p>Denosumab (Xgeva®) J0897</p> <p><u>Antiemetic codes That Require Prior Authorization:</u> J0185 J1453 J1454 J1627</p>			

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](https://uhcprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes, prior to performance	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/RIcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.</p>			
Cardiovascular	Prior authorization required for lower extremities angiogram	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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		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: 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 For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 .			
Cochlear 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	69714	69715	69718
		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	14020	14021
		14061	15820	15821	15822

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cosmetic and reconstructive (continued)		15823	15830	15847	15877	
		17106	17107	17108	17999	
		21137	21138	21139	21172	
	Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	21175	21179	21180	21181	
		21182	21183	21184	21230	
		21235	21256	21275	21280	
		21282	21295	21740	21742	
		21743	28344	30620	67900	
		67901	67902	67903	67904	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	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 DME 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	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	E8001	E8002	K0005		
	K0008	K0013	K0108	K0812		
	K0830	K0831	K0848	K0849		
	K0850	K0851	K0852	K0853		
	K0854	K0855	K0856	K0857		
	K0858	K0859	K0860	K0861		
	K0862	K0863	K0864	K0868		
	K0869	K0870	K0871	K0877		
	K0878	K0879	K0880	K0884		
K0885	K0886	K0890	K0891			
T1999	T5999	V2786	V5269			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		V5270	V5271	V5272	V5274
		V5281	V5282	V5283	V5286
		V5287	V5288	V5290	
Enteral services	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	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					
14000 14001 14041 15734					
15738 15750 15757 15758					
19303 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 64856					
64892 64896					
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting 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.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		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	81203
		81204	81205	81208	81209
		81212	81216	81218	81220
	81222	81223	81224	81225	
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (continued)	ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81226	81227	81228	81229
		81230	81231	81232	81233
		81234	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	81271
		81272	81273	81274	81276
		81283	81284	81285	81286
		81287	81288	81289	81290
		81291	81292	81294	81295
		81297	81298	81300	81302
		81303	81304	81305	81306
		81307	81309	81310	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	81370	81371
		81372	81373	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
		81420	81430	81431	81432
		81433	81434	81435	81436
		81437	81438	81439	81440
		81442	81445	81448	81460
		81465	81470	81471	81479
		81507	81518	81519	81520
		81521	81522	81546	81595
		81599	87481	87482	87505
		87506	87507	87510	87511
		87512	87623	87797	87798
		87799	87800	87801	0001U
		0004M	0006M	0007M	0012U

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (continued)		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	0097U
		0111U	0129U	0136U	0137U
		0154U	0155U	0157U	0158U
		0159U	0160U	0161U	S3870
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	G0493	G0494
		G0495	G0496	S9122	S9123
		S9124	S9474		
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
Injectable medications	Prior authorization required	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			
		J0791			
		Amondys 45			
		J1426			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Beriner®			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Cabenuva			
J0741					
Cerezyme®					
J1786					
Cimzia®*					
J0717					
Cinqair®					
J2786					
Cinryze®					
J0598					
Crysvita®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J0584			
		Ellyso®			
		J3060			
		Entyvio®			
		J3380			
		Erythropoiesis Stimulating Agents****			
		J0885			
		Evenity™			
		J3111			
		Evkeeza			
		J1305			
		Exondys 51™			
		J1428			
		Fasenra™			
		J0517			
		Fensolvi®			
		J1951			
		Feraheme®			
		Q0138			
		Firmagon®			
		J9155			
		Gamifant®			
		J9210			
		Givlaari®			
		J0223			
		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				
	Krystexxa®				
	J2507				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)		Lemtrada®		
		J0202		
		Lupron Depot®		
		J1950		
		Lupron Depot, Eligard®		
		J9217		
		Luxturna™		
		J3398		
		Makena®		
		J1726	J1729	J2675
		Monoferric®		
		J1437		
		Nplate®		
		J2796		
		Nucala®		
		J2182		
		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		

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

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	
J7331	J7332			
Soliris®				
J1300				
Somatuline® Depot				
J1930				
Spinraza™				
J2326				
Spravato®				
S0013				
Stelara®				
J3358				
Sublocade™				
Q9991	Q9992			
Supprelin® LA				
J9226				
Synagis®*				
90378				
Tepezza®				
J3241				
Therapeutic Radiopharmaceuticals***				
A9513	A9590	A9606	A9699	
Trelstar®				
J3315				
Triptodur®				
J3316				

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

Trogarzo™
J1746

Truxima®
Q5115

Ultomiris™
J1303

Unclassified codes**
C9399 J3490 J3590

Uplizna®
J1823

Vantas™
J9225

Viltepso™
J1427

Vyepti™
J3032

Vyondys 53®
J1429

White blood cell colony stimulating factors*****
J1442 J1447 J1448 J2506
Q5101 Q5108 Q5110 Q5111
Q5120 Q5122

Xembify®
J1558

Xolair®*
J2357

Zoladex®
J9202

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 and temporary codes C9399, J3490 and J3590, prior authorization is required only for Cutaquig®, Lupaneta Pack™, Nulibry, and Ryplazim.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<p>***For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129.</p> <p>****For code J0885, prior authorization is required for both oncology and non-oncology DX.</p> <p>Prior authorization is not required for ESRD diagnosis.</p> <p>*****For codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX.</p> <p>For oncology DX please see Cancer supportive care section above.</p> <p>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>			
Inpatient admissions	Notification with service detail required (e.g., CPT/HCPCS code)				
Inpatient admissions – post- acute services	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	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		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	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	a retail purchase or cumulative rental cost of more than \$500	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	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <p>Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures</p>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/RIcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p>			
Radiation therapy	Prior authorization required	IGRT			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation therapy (continued)		77014	77387	G6001	G6002
		G6017			
		IMRT			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		Proton Beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/Associated Services			
		77331	77370	77399	77470
		SRS/SBRT			
		77371	77372	77373	G0339
		G0340			
		Standard Radiation Therapy (2D/3D)			
		Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92			
	77401	77402	77407	77412	
	G6003	G6004	G6005	G6006	
	G6007	G6008	G6009	G6010	
	G6011	G6012	G6013	G6014	
	Y90				
	Implantable Beta-Emitting Microspheres for treatment of malignant tumors				
	79445	S2095			
	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard, or, call 866-889-8054 .				
	For more details and the CPT codes that require prior authorization, please visit UHCProvider.com/MDcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program				
Septoplasty and rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting	Auditory System			
	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	69205			
		Cardiovascular System			
		36590	36832		
		Carpal tunnel surgery			
		64721			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) – outpatient hospital (continued)		Cataract surgery				
		66821	66982	66984	66987	
			66988			
			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	67010	
		67041	67042	67105	67108	
		67113	67840	68110	68115	
		68320	68720	68815		
			Gynecologic procedures			
		57240	57250	57461	57520	
		57522	58353	58558	58561	
		58562	58563	58565		
			Hemic and Lymphatic Systems			
		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			

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

		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			
	30802	30930	31525	31535	
	31536	31541	31624		
		Tonsillectomy and adenoidectomy			
	42820	42821	42825	42826	
	42830				
		Upper and lower gastrointestinal endoscopy			
	43235	43239	43249		
		Urologic procedures			
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52276	52281	52287	52310	
	52320	52332	52344	52351	
	52352	52353	52356	54161	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		55040	55700	57288	
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Sleep studies	Prior authorization required	95805 95811	95807	95808	95810
Spinal surgery	Prior authorization required	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	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0095T
		0098T	0164T		
Stimulators	Prior authorization required		Bone growth stimulator		
			E0747	E0748	E0749
					E0760
Implantation of a device that sends electrical impulses			Neurostimulator		
			43648	43881	43882
			63650	63655	63685
			64568	64570	64590
			0313T	0314T	0315T
			0317T	L8680	L8682
			L8686	L8687	L8688
					61885
					64553
					0312T
					0316T
					L8685

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																											
Transplants	Prior authorization required	<p>For transplant and CAR T-Cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's ID card.</p> <table border="1"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232*</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50340</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50380</td><td>50547</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2152</td><td></td><td></td></tr> </table> <p>CAR T-Cell Therapy</p> <table border="1"> <tr><td>0537T</td><td>0538T</td><td>0539T</td><td>0540T</td></tr> <tr><td>Q2041</td><td>Q2042</td><td>Q2053</td><td>Q2054</td></tr> <tr><td>Q2055</td><td></td><td></td><td></td></tr> </table> <p>* Code 38232 will only require prior authorization for an oncology diagnosis</p>				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			0537T	0538T	0539T	0540T	Q2041	Q2042	Q2053	Q2054	Q2055			
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Q2041	Q2042	Q2053	Q2054																																																																										
Q2055																																																																													
Vein procedures	Prior authorization required	36468	36473	36475	36478																																																																								
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765																																																																								
		37766	37780																																																																										
Wound vac	Prior authorization required	E2402																																																																											