

# Prior Authorization Requirements for Rhode Island Medicaid

Effective December 1, 2021

## 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](http://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			
<b>Adult day services</b>	Prior authorization required	S5102			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health services</b> Behavioral health services through a designated behavioral health network	Prior authorization is not required for routine outpatient services.  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 member's health plan ID card when referring for mental health and substance abuse/substance use services			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316 19330 19357	19318 19340 19361	19325 19342 19364	19328 19350 19367

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction (non-mastectomy) (continued)</b>		19368	19369	19370	19371
Reconstruction of the breast, except when following mastectomy		19380	19396	L8600	
<b>Cancer supportive services</b>	<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 <a href="#">Injectable medications section below</a>.</p>	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2505*</p> <p><b>Pegfilgrastim-appgf, biosimilar (Nyvepria®)</b> Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p><b><u>Antiemetic codes That Require Prior Authorization:</u></b> 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**.

<b>Cardiology</b>	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to</p>			
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiology (continued)</b>	catheterizations, echocardiograms, electrophysiology implants and stress echoes, prior to performance	<p><a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/RIcommunityplan">UHCprovider.com/RIcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</p>			

<b>Cardiovascular</b>	Prior authorization required for lower extremities angiogram	37220 37226 75710*	37221 37227 75716*	37224 37228	37225 37229
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\*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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9
		173.89	173.9	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		177.1	177.2	177.70	177.72
		177.77	177.79	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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
	<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712
Prior authorization is not required for outpatient hospital or ambulatory surgical center		95714	95715	95716	95718
		95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> 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 <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b> .			
<b>Cochlear and other auditory implants</b> 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		
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E0787	A9276* K0553*	A9277* K0554*	A9278*
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	11971	14020	14021
		14061	15820	15821	15822
		15823	15830	15847	15877
		17106	17107	17108	17999

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cosmetic and reconstructive (continued)</b>		21137	21138	21139	21172	
		21175	21179	21180	21181	
		21182	21183	21184	21230	
	Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		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					
<b>Durable medical equipment (DME)</b>	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			
<b>Durable medical equipment (DME) (continued)</b>		V5270	V5271	V5272	V5274
		V5281	V5282	V5283	V5286
		V5287	V5288	V5290	
<b>Enteral services</b>	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		
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	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					
<b>Genetic and molecular testing to include BRCA gene testing</b>	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			
<b>Genetic and molecular testing to include BRCA gene testing (continued)</b>	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			
<b>Genetic and molecular testing to include BRCA gene testing (continued)</b>		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
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	G0493	G0494
		G0495	G0496	S9122	S9123
		S9124	S9474		
<b>Hospice</b>	Prior authorization required	T2042	T2043	T2044	T2045
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Amondys 45</b>			
		J1426			
		<b>Avsola™</b>			
		Q5121			
		<b>Benlysta</b>			
		J0490			
		<b>Beriner®</b>			
		J0597			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura™</b>			
		J0567			
		<b>Cabenuva</b>			
		J0741			
<b>Cerezyme®</b>					
J1786					
<b>Cimzia®*</b>					
J0717					
<b>Cinqair®</b>					
J2786					
<b>Cinryze®</b>					
J0598					
<b>Crysvita®</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J0584			
		<b>Ellyso®</b>			
		J3060			
		<b>Entyvio®</b>			
		J3380			
		<b>Erythropoiesis Stimulating Agents****</b>			
		J0885			
		<b>Evenity™</b>			
		J3111			
		<b>Evkeeza</b>			
		J1305			
		<b>Exondys 51™</b>			
		J1428			
		<b>Fasenra™</b>			
		J0517			
		<b>Fensolvi®</b>			
		J1951			
		<b>Feraheme®</b>			
		Q0138			
		<b>Firmagon®</b>			
		J9155			
		<b>Gamifant®</b>			
		J9210			
		<b>Givlaari®</b>			
		J0223			
		<b>Ilaris®</b>			
		J0638			
		<b>Ilumya™</b>			
		J3245			
		<b>Inflectra®</b>			
		Q5103			
		<b>Injectafer®</b>			
		J1439			
		<b>IVIG</b>			
		90283	90284	J1459	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
		<b>Kalbitor®</b>			
		J1290			
		<b>Krystexxa®</b>			
		J2507			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)		<b>Lemtrada®</b>		
		J0202		
		<b>Lupron Depot®</b>		
		J1950		
		<b>Lupron Depot, Eligard®</b>		
		J9217		
		<b>Luxturna™</b>		
		J3398		
		<b>Makena®</b>		
		J1726	J1729	J2675
		<b>Monoferric®</b>		
		J1437		
		<b>Nplate®</b>		
		J2796		
		<b>Nucala®</b>		
		J2182		
		<b>Ocrevus™</b>		
		J2350		
		<b>Octreotide Acetate</b>		
		J2354		
		<b>Onpattro™</b>		
		J0222		
		<b>Orencia®</b>		
		J0129		
		<b>Oxlumo™</b>		
		J0224		
		<b>Parsabiv™</b>		
		J0606		
	<b>Probuphine®</b>			
	J0570			
	<b>Radicava®</b>			
	J1301			
	<b>Reblozyl®</b>			
	J0896			
	<b>Remicade®</b>			
	J1745			
	<b>Renflexis®</b>			
	Q5104			
	<b>Riabni™</b>			
	Q5123			
	<b>Rituxan®</b>			
	J9312			

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

<b>Rituxan Hycela®</b>			
J9311			
<b>Ruconest®</b>			
J0596			
<b>Ruxience®</b>			
Q5119			
<b>Sandostatin® LAR</b>			
J2353			
<b>Scenesse®</b>			
J7352			
<b>Signifor® LAR</b>			
J2502			
<b>Simponi Aria®</b>			
J1602			
<b>Sodium Hyaluronate</b>			
J7320	J7321	J7322	J7324
J7325	J7326	J7327	J7329
J7331	J7332		
<b>Soliris®</b>			
J1300			
<b>Somatuline® Depot</b>			
J1930			
<b>Spinraza™</b>			
J2326			
<b>Spravato®</b>			
S0013			
<b>Stelara®</b>			
J3358			
<b>Sublocade™</b>			
Q9991	Q9992		
<b>Supprelin® LA</b>			
J9226			
<b>Synagis®*</b>			
90378			
<b>Tepezza®</b>			
J3241			
<b>Therapeutic Radiopharmaceuticals***</b>			
A9513	A9590	A9606	A9699
<b>Trelstar®</b>			
J3315			
<b>Triptodur®</b>			
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\*\***  
C9077      C9079      C9399      J3490  
J3590

**Uplizna®**  
J1823

**Vantas™**  
J9225

**Viltepso™**  
J1427

**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

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](http://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.

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

**\*\* For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is required only for Cutaquig®, and Lupaneta Pack™.**

**\*\*\*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. 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**.**

**\*\*\*\*For code J0885, prior authorization is required for both oncology and non-oncology DX.**

Prior authorization is not required for ESRD diagnosis.

**\*\*\*\*\*For codes J1442, J1447, J2505, Q5101, Q5108, Q5110, Q5111, Q5120 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](https://UHCProvider.com) > Link > Prior Authorization and Notification tool on your link dashboard or call **877-842-3210**.

<b>Inpatient admissions</b>	Notification with service detail required (e.g., CPT/HCPCS code)				
<b>Inpatient admissions – post- acute services</b>	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>				
<b>Joint replacement</b>	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
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> 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

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

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

<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003
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<b>Radiology</b>	<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 <a href="#">UnitedHealthcare Provider Portal</a>. Go to <a href="#">UHCprovider.com</a> 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 <b>866-889-8054</b>.</p>
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiology (continued)</b>		For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/Rlcommunityplan">UHCprovider.com/Rlcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program			
<b>Radiation therapy</b>	Prior authorization required	<p><b>IGRT</b> 77014      77387      G6001      G6002 G6017</p> <p><b>IMRT</b> Intensity-Modulated Radiation Therapy 77385      77386      G6015      G6016</p> <p><b>Proton Beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520      77522      77523      77525</p> <p><b>Special/Associated Services</b> 77331      77370      77399      77470</p> <p><b>SRS/SBRT</b> 77371      77372      77373      G0339 G0340</p> <p><b>Standard Radiation Therapy (2D/3D)</b> 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</p> <p><b>Y90</b> Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445      S2095</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCProvider.com/MDcommunityplan">UHCProvider.com/MDcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p>			
<b>Septoplasty and rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting	<p><b>Auditory System</b> 69205</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (continued)</b>	Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Cardiovascular System</b>			
		36590	36832		
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	66987
		66988			
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive System</b>			
		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	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and Ocular Adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		<b>Gynecologic procedures</b>			
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		<b>Hemic and Lymphatic Systems</b>			
		38500	38510	38525	
		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Integumentary System</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		<b>Liver biopsy</b>			
		47000			
		<b>Male Genital System</b>			
		54840			
		<b>Miscellaneous</b>			
		20680			
		<b>Musculoskeletal System</b>			
		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			
	<b>Nervous System</b>				
	64561	64640			
	<b>Ophthalmologic</b>				
	65426	65730	65855	66170	
	66761	67028	67036	67040	
	67228	67311	67312		
	<b>Respiratory System</b>				
	30802	30930	31525	31535	
	31536	31541	31624		
	<b>Tonsillectomy and adenoidectomy</b>				
	42820	42821	42825	42826	
	42830				
	<b>Upper and lower gastrointestinal endoscopy</b>				
	43235	43239	43249		
	<b>Urologic procedures</b>				
	50590	52000	52005	52204	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (continued)</b>		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	54161
		55040	55700	57288	
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
<b>Sleep studies</b>	Prior authorization required	95805	95807	95808	95810
		95811			
<b>Spinal surgery</b>	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	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
		0095T	0098T	0164T	
<b>Stimulators</b>	Prior authorization required				
		<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Stimulators (continued)</b>		43648	43881	43882	61885
		63650	63655	63685	64553
Implantation of a device that sends electrical impulses		64568	64570	64590	0312T
		0313T	0314T	0315T	0316T
		0317T	L8680	L8682	L8685
		L8686	L8687	L8688	
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services, including Abecma® (Idecaptogene 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 <b>888-936-7246</b> or the notification number on the back of the member's 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		
		<b>CAR T-Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		C9081	J3490**	J3590**	J9999**
		Q2041	Q2042	Q2053	Q2054
		* Code 38232 will only require prior authorization for an oncology diagnosis			
		**For unclassified codes C9081, J3490, J3590 and J9999 prior authorization is only required for Abecma®.			
<b>Vein procedures</b>	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		
<b>Wound vac</b>	Prior authorization required	E2402			