

# Prior Authorization Requirements for Rhode Island Medicaid

Effective September 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 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.
- **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>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	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.				
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	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			
<b>Breast reconstruction (non-mastectomy) (continued)</b>  Reconstruction of the breast, except when following mastectomy		19368	19369	19370	19371
		19380	19396	L8600	
<b>Cancer supportive services</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis  *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><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 Requires Prior Authorization:</u></b> J0185      J1453      J1454      J1627 J2469</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="https://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>.</p>			
<b>Cardiology</b>	Prior authorization required for participating physicians for inpatient, outpatient and office-based	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Cardiology (continued)</b>	electrophysiology implants, prior to performance  Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes, prior to performance	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> .  For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/RIcommunityplan">UHCprovider.com/RIcommunityplan</a> > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.

<b>Cardiovascular</b>	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
I70.432	I70.433	I70.434	I70.435
I70.438	I70.439	I70.441	I70.442
I70.443	I70.444	I70.445	I70.448

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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	
	L97.519	L97.521	L97.522	L97.529	
	L97.819	L97.828	L97.829	L97.909	
	L97.919	L97.929	L98.491	L98.499	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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 Link. 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	A9276*	A9277*	A9278*
		E0787	K0553*	K0554*	
		*This code is for a product that is not reimbursable on the medical benefit. Requests for this product need to be submitted to OptumRx. Please contact the OptumRx Help Desk at 800-711-4555 for more information.			
<b>Cosmetic and reconstructive</b>	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				
<b>Cosmetic and reconstructive (continued)</b>		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					
<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> 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		
<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	81105	81106	81107	81108
		81109	81110	81111	81120
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.	81121	81161	81162	81163
		81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81175	81176	81177
	Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81203
		81204	81205	81208	81209
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The	81212	81216	81218	81220
		81222	81223	81224	81225

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>Avsola™</b>			
		Q5121			
		<b>Benlysta</b>			
		J0490			
		<b>Berinert®</b>			
		J0597			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura™</b>			
		J0567			
		<b>Cerezyme®</b>			
		J1786			
		<b>Cimzia®*</b>			
		J0717			
<b>Cinqair®</b>					
J2786					
<b>Cinryze®</b>					
J0598					
<b>Crysvita®</b>					
J0584					
<b>Elelyso®</b>					
J3060					
<b>Entyvio®</b>					

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

J3380  
**Erythropoiesis Stimulating Agents**  
J0885  
**Evenity™**  
J3111  
**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  
**Lemtrada®**  
J0202  
**Lupron Depot®**  
J1950  
**Lupron Depot, Eligard®**  
J9217

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)		<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			
	<b>Rituxan Hycela®</b>			
	J9311			
	<b>Ruconest®</b>			
	J0596			
	<b>Ruxience®</b>			
	Q5119			

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

<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				
<b>Trogarzo™</b>				
J1746				
<b>Truxima®</b>				
Q5115				
<b>Ultomiris™</b>				
J1303				

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

**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
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Q5108	Q5110	Q5111	Q5120
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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 C9075, C9077, C9079, C9399, J3490 and J3590, prior authorization is required only for Amondys 45 (casimersen), Cabenuva™, Cutaquig®, Evkeeza™, Lupaneta Pack™.

\*\*\*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 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			
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<b>Injectable medications (continued)</b>		<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, 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.</p> <p>For oncology DX please see Cancer supportive care section above.</p> <p>For non-oncology DX, submit online at <a href="http://UHProvider.com">UHProvider.com</a> &gt; Link &gt; Prior Authorization and Notification tool on your link dashboard or call <b>877-842-3210</b>.</p> <p>*****Codes Effective 10/1/2021</p>			
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<b>Inpatient admissions</b>	Notification with service detail required (e.g., CPT/HCPCS code)				
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<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>				
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<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112

<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		

<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
		21255	21296	21299	

<b>Orthotics and prosthetics</b>	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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
	L5979	L5980	L5981	L5982	
	L5984	L5986	L5987	L5988	
	L5990	L5999	L6000	L6010	
	L6020	L6050	L6055	L6100	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		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	
<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 Link. Go to <a href="https://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="https://UHCprovider.com/RIcommunityplan">UHCprovider.com/RIcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p>			
<b>Radiation therapy</b>	Prior authorization required	<p><b>IGRT</b></p> <p>77014      77387      G6001      G6002</p> <p>G6017</p> <p><b>IMRT</b></p> <p>Intensity-Modulated Radiation Therapy</p> <p>77385      77386      G6015      G6016</p>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiation therapy (continued)</b>		<b>Proton Beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/Associated Services</b>			
		77331	77370	77399	77470
		<b>SRS/SBRT</b>			
		77371	77372	77373	G0339
		G0340			
		<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
		<b>Y90</b>			
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 Link. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the United Healthcare 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> .					
For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCProvider.com/MDcommunityplan">UHCProvider.com/MDcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program					
<b>Septoplasty and rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<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 Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Auditory System</b>			
		69205			
		<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			

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>		<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		
			<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			
		<b>Gynecologic procedures</b>				
		57240	57250	57461	57520	
		57522	58353	58558	58561	
		58562	58563			
		<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>				
		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				

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sleep apnea procedures and surgeries (continued)</b>					
reduction for treating obstructive sleep apnea					
<b>Sleep studies</b>	Prior authorization required	95805 95811	95807	95808	95810
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63185 63195 63200 63265 63271 63301 63305 0095T	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63190 63196 63250 63267 63272 63302 63306 0098T	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63191 63198 63251 63268 63286 63303 63307 0164T	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63194 63199 63252 63270 63300 63304 63308
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61885
		63650	63655	63685	64553
		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® (Idelcaptive Cicleucel), Breyanzi®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																																																											
<b>Transplants (continued)</b>		<p>(Lisocabtagene Maralucecl), 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.</p> <table border="0"> <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><b>CAR T-Cell Therapy</b></p> <table border="0"> <tr><td>0537T</td><td>0538T</td><td>0539T</td><td>0540T</td></tr> <tr><td>C9076**</td><td>C9399**</td><td>J3490**</td><td>J3590**</td></tr> <tr><td>J9999**</td><td>Q2041</td><td>Q2042</td><td>Q2053</td></tr> </table> <p>* 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®.</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	C9076**	C9399**	J3490**	J3590**	J9999**	Q2041	Q2042	Q2053
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																																																																										
C9076**	C9399**	J3490**	J3590**																																																																										
J9999**	Q2041	Q2042	Q2053																																																																										
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	<table border="0"> <tr><td>36468</td><td>36473</td><td>36475</td><td>36478</td></tr> <tr><td>37700</td><td>37718</td><td>37722</td><td>37765</td></tr> <tr><td>37766</td><td>37780</td><td></td><td></td></tr> </table>	36468	36473	36475	36478	37700	37718	37722	37765	37766	37780																																																																	
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<b>Wound vac</b>	Prior authorization required	E2402																																																																											