

Prior Authorization Requirements for Virginia CCC Plus

Effective July 1, 2021

General Information

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

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Phone:** Call **877-843-4366**.

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

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|----------------------------------|
| Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services | Prior authorization required | 43644 43775 43847 | 43645 43842 43848 | 43659 43845 43860 | 43770 43846 |
| Behavioral health 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. For ABA Therapy, submit via fax or Provider Express. | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20975 | 20979 | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy | Prior authorization required | 19316 19330 19357 19368 19380 | 19318 19340 19361 19369 19396 | 19325 19342 19364 19370 L8600 | 19328 19350 19367 19371 |
| Cardiology | Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance. | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/VAcommunityplan > Prior Authorization | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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| Cardiology (continued) | Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance. | and Notification Resources > Cardiology Prior Authorization and Notification Program. | | | |
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| Cardiovascular | Prior authorization is required for lower extremities angiogram only. | 37220 | 37221 | 37224 | 37225 |
| | | 37226 | 37227 | 37228 | 37229 |
| | | 75710* | 75716* | | |

*Prior authorization is required for the following diagnosis codes:

- | | | | |
|---------|---------|---------|---------|
| E08.51 | E08.52 | E08.59 | E08.621 |
| E09.51 | E09.52 | E09.59 | E09.621 |
| E10.51 | E10.52 | E10.59 | E10.621 |
| E11.51 | E11.52 | E11.59 | E11.621 |
| E13.51 | E13.52 | E13.59 | E13.621 |
| I70.201 | I70.202 | I70.203 | I70.208 |
| I70.209 | I70.211 | I70.212 | I70.213 |
| I70.218 | I70.219 | I70.221 | I70.222 |
| I70.223 | I70.228 | I70.229 | I70.231 |
| I70.232 | I70.233 | I70.234 | I70.235 |
| I70.238 | I70.239 | I70.241 | I70.242 |
| I70.243 | I70.244 | I70.245 | I70.248 |
| I70.249 | I70.25 | I70.261 | I70.262 |
| I70.263 | I70.268 | I70.269 | I70.291 |
| I70.292 | I70.293 | I70.298 | I70.299 |
| I70.301 | I70.302 | I70.303 | I70.308 |
| I70.309 | I70.311 | I70.312 | I70.313 |
| I70.318 | I70.319 | I70.321 | I70.322 |
| I70.323 | I70.329 | I70.331 | I70.332 |
| I70.333 | I70.334 | I70.335 | I70.338 |
| I70.339 | I70.341 | I70.342 | I70.343 |
| I70.344 | I70.345 | I70.348 | I70.349 |
| I70.35 | I70.361 | I70.362 | I70.363 |
| I70.369 | I70.391 | I70.392 | I70.393 |
| I70.399 | I70.401 | I70.402 | I70.403 |
| I70.408 | I70.409 | I70.411 | I70.412 |
| I70.413 | I70.418 | I70.421 | I70.422 |
| I70.423 | I70.428 | I70.429 | I70.431 |
| I70.432 | I70.433 | I70.434 | I70.435 |
| I70.438 | I70.439 | I70.441 | I70.442 |
| I70.443 | I70.444 | I70.445 | I70.448 |
| I70.449 | I70.461 | I70.462 | I70.463 |
| I70.468 | I70.469 | I70.491 | I70.492 |
| I70.493 | I70.498 | I70.499 | I70.501 |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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|----------------------------|---------|---------|---------|---------|---------|
| Cardiovascular (continued) | | 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 | 196 | L03.115 |
| | | L03.116 | L97.319 | L97.329 | L97.419 |
| | | L97.429 | L97.511 | L97.512 | L97.513 |
| | | L97.519 | L97.521 | L97.522 | L97.529 |
| | | L97.819 | L97.828 | L97.829 | L97.909 |
| | | L97.919 | L97.929 | L98.491 | L98.499 |
| | | M79.604 | M79.605 | M79.606 | M79.609 |
| | M79.651 | M79.652 | M79.659 | M79.661 | |
| | M79.662 | M79.669 | M79.671 | M79.672 | |
| | M79.673 | M79.674 | M79.675 | M79.676 | |
| | M86.661 | M86.662 | M86.669 | M86.671 | |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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| Cardiovascular (continued) | | 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 is required for inpatient services. | 95700 | 95711 | 95712 | 95713 |
| | | 95714 | 95715 | 95716 | 95718 |
| | Prior authorization is not required for outpatient hospital or ambulatory surgical center. | 95720 | 95722 | 95724 | 95726 |
| Cochlear implants and other auditory implants | Prior authorization required | 69710 | 69714 | 69715 | 69718 |
| A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech | | 69930 | L8614 | L8619 | L8690 |
| | | L8691 | L8692 | | |
| Continuous glucose monitor | Prior authorization required with Type 2 Diabetes Diagnosis | A4226 | A9276 | A9277 | A9278 |
| | | E0787 | K0553 | K0554 | |
| Cosmetic and reconstructive procedures | Prior authorization required | 11960 | 11971 | 14020 | 14021 |
| Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function | | 14040 | 14041 | 14060 | 14061 |
| | | 14301 | 15820 | 15821 | 15822 |
| | | 15823 | 15830 | 15847 | 15877 |
| | | 17106 | 17107 | 17108 | 17999 |
| | | 21139 | 21172 | 21175 | 21179 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 21180 | 21230 | 21235 | 21256 |
| | | 21275 | 21282 | 21295 | 21740 |
| | | 21742 | 21743 | 28344 | 30620 |
| | | 67900 | 67901 | 67902 | 67903 |
| | | 67904 | 67906 | 67908 | 67909 |
| | | 67911 | 67912 | 67914 | 67915 |
| | | 67916 | 67917 | 67921 | 67922 |
| | | 67923 | 67924 | 67950 | 67961 |
| | | 67966 | Q2026 | | |
| Durable Medical Equipment (DME) | Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. | A9279 | A9280 | A9900 | E0194 |
| | | E0265 | E0266 | E0270 | E0277 |
| | | E0300 | E0328 | E0329 | E0445 |
| | | E0457 | E0460 | E0465 | E0466 |
| | | E0470 | E0471 | E0483 | E0486 |
| | Prosthetics are not DME | E0620 | E0636 | E0637 | E0652 |
| | – | E0656 | E0669 | E0670 | E0675 |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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| Durable Medical Equipment (DME) (continued) | see <i>Orthotics and prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> . | 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 | | |
| Q0495 | S1040 | T1999 | T5999 | | |
| V2786 | V5269 | V5270 | V5271 | | |
| V5272 | V5274 | V5281 | V5282 | | |
| V5283 | V5286 | V5287 | V5288 | | |
| V5290 | | | | | |
| Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B9002 E0791 | B9004 | B9006 | B9998 |
| Experimental and investigational (and/or linked services) | Prior authorization required | 33477 65765 A6000 S1030 | 36514 65767 A9274 S1031 | 55866 66180 E0231 S2102 | 64722 A4638 E1831 |
| Femoroacetabular impingement syndrome (FAI) | Prior authorization required | 29914 | 29915 | 29916 | |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 31256 31276 | 31253 31257 31287 | 31254 31259 31288 | 31255 31267 |
| Gender dysphoria treatment | Prior authorization required | 55970 | 55980 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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| Gender dysphoria treatment (continued) | | These surgical codes with the following DX codes : | | | |
| | | F64.0 | F64.1 | F64.2 | F64.8 |
| | | F64.9 | Z87.890 | | |
| | | 11980 | 14000 | 14001 | 15757 |
| | | 15758 | 15775 | 15776 | 15777 |
| | | 15780 | 15781 | 15782 | 15783 |
| | | 15787 | 15788 | 15789 | 15792 |
| | | 15793 | 15819 | 15824 | 15825 |
| | | 15826 | 15828 | 15829 | 15832 |
| | | 15833 | 15834 | 15835 | 15836 |
| | | 15837 | 15838 | 15839 | 15876 |
| | | 15878 | 15879 | 17380 | 21083 |
| | | 21087 | 21120 | 21122 | 21173 |
| | | 21270 | 21899 | 31599 | 31750 |
| | | 31899 | 45399 | 45999 | 58999 |
| 64856 | 64892 | 64896 | 69300 | | |
| 90785 | 96372 | | | | |

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| Genetic and molecular testing | Prior authorization required | 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 | 81202 |
| | | 81203 | 81204 | 81205 | 81206 |
| | | 81207 | 81208 | 81209 | 81210 |
| | | 81212 | 81215 | 81216 | 81217 |
| | | 81218 | 81219 | 81220 | 81221 |
| | | 81222 | 81223 | 81225 | 81226 |
| | | 81227 | 81228 | 81229 | 81230 |
| | | 81231 | 81232 | 81233 | 81234 |
| | | 81235 | 81236 | 81237 | 81238 |
| | | 81239 | 81240 | 81241 | 81242 |
| | | 81243 | 81244 | 81245 | 81246 |
| | | 81247 | 81248 | 81249 | 81250 |
| | | 81251 | 81252 | 81253 | 81254 |
| 81256 | 81257 | 81258 | 81259 | | |
| 81260 | 81261 | 81262 | 81263 | | |
| 81264 | 81265 | 81266 | 81267 | | |
| 81268 | 81269 | 81270 | 81271 | | |
| 81272 | 81273 | 81274 | 81275 | | |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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| Genetic and molecular testing (continued) | | 81276 | 81283 | 81284 | 81285 |
| | | 81286 | 81287 | 81288 | 81289 |
| | | 81290 | 81291 | 81292 | 81293 |
| | | 81294 | 81295 | 81296 | 81297 |
| | | 81298 | 81299 | 81300 | 81301 |
| | | 81302 | 81303 | 81304 | 81305 |
| | | 81306 | 81307 | 81308 | 81309 |
| | | 81310 | 81311 | 81312 | 81313 |
| | | 81314 | 81315 | 81316 | 81317 |
| | | 81318 | 81319 | 81320 | 81321 |
| | | 81322 | 81323 | 81324 | 81325 |
| | | 81326 | 81328 | 81329 | 81330 |
| | | 81331 | 81332 | 81333 | 81334 |
| | | 81335 | 81336 | 81337 | 81340 |
| | | 81341 | 81342 | 81343 | 81344 |
| | | 81345 | 81346 | 81350 | 81355 |
| | | 81361 | 81362 | 81363 | 81364 |
| | | 81370 | 81371 | 81372 | 81373 |
| | | 81374 | 81376 | 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 | 81595 |
| | | 81599 | 87481 | 87482 | 87505 |
| | | 87506 | 87507 | 87510 | 87511 |
| | | 87512 | 87623 | 87797 | 87798 |
| | | 87799 | 87800 | 87801 | 0004M |
| | | 0006M | 0007M | 0001U | 0012U |
| | | 0013U | 0014U | 0016U | 0017U |
| | | 0018U | 0022U | 0023U | 0026U |
| | | 0027U | 0031U | 0032U | 0033U |
| | | 0034U | 0040U | 0046U | 0049U |
| | | 0055U | 0060U | 0068U | 0070U |
| | 0071U | 0072U | 0073U | 0074U | |
| | 0075U | 0076U | 0084U | 0087U | |
| | 0088U | 0097U | 0111U | 0129U | |
| | 0136U | 0137U | 0154U | 0155U | |
| | 0157U | 0158U | 0159U | 0160U | |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
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| Genetic and molecular testing (continued) | | 0161U | | | |
| Home health care | Prior authorization is required only in outpatient settings, to include member's home. | G0299 G0495 S9474 | G0300 G0496 | G0493 S9123 | G0494 S9124 |
| Hysterectomy | Prior authorization required | 58150 58262 58275 58542 58552 58572 | 58152 58263 58290 58543 58553 58573 | 58180 58267 58291 58544 58570 | 58260 58270 58292 58550 58571 |
| Injectable medications | Prior authorization required | Actemra® J3262 Acthar® J0800 Adakveo® J0791 Avsola™ Q5121 Benlysta J0490 Botulinum toxins J0585 J0586 J0587 J0588 Brineura™ J0567 Cerezyme® J1786 Cimzia®* J0717 Cinqair® J2786 Crysvita® J0584 Elelyso® J3060 Entyvio® J3380 Evenity™ J3111 Exondys 51™ J1428 Fasenra™ J0517 | | | |



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| Injectable medications (continued) | Feraheme® | | | | |
| | Q0138 | | | | |
| | 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 | | |
| | Krystexxa®*** | | | | |
| | J2507 | | | | |
| | Lemtrada® | | | | |
| | J0202 | | | | |
| | Luxturna™ | | | | |
| | J3398 | | | | |
| | Makena® | | | | |
| | J1726 | J1729 | J2675 | | |
| | Monoferric® | | | | |
| | J1437 | | | | |
| | Nplate®*** | | | | |
| J2796 | | | | | |
| Nucala® | | | | | |
| J2182 | | | | | |
| Ocrevus™ | | | | | |
| J2350 | | | | | |
| Onpattro™ | | | | | |
| J0222 | | | | | |
| Orencia® | | | | | |
| J0129 | | | | | |
| Oxlumo™ | | | | | |
| J0224 | | | | | |
| Parsabiv™ | | | | | |
| J0606 | | | | | |



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

| | | | | |
|-----------------------------|-------|-------|--|-------|
| Probuphine® | | | | |
| J0570 | | | | |
| Radicava® | | | | |
| J1301 | | | | |
| Reblozyl® | | | | |
| J0896 | | | | |
| Remicade® | | | | |
| J1745 | | | | |
| Renflexis® | | | | |
| Q5104 | | | | |
| Scenesse® | | | | |
| J7352 | | | | |
| Signifor® LAR*** | | | | |
| J2502 | | | | |
| Simponi Aria® | | | | |
| J1602 | | | | |
| Sodium Hyaluronate | | | | |
| J7320 | J7321 | J7322 | | J7324 |
| J7325 | J7326 | J7327 | | J7329 |
| J7331 | J7332 | | | |
| Soliris® | | | | |
| J1300 | | | | |
| Spinraza™ | | | | |
| J2326 | | | | |
| Spravato® | | | | |
| S0013 | | | | |
| Synagis®* | | | | |
| 90378 | | | | |
| Tepezza® | | | | |
| J3241 | | | | |
| Triptodur® | | | | |
| J3316 | | | | |
| Trogarzo™ | | | | |
| J1746 | | | | |
| Ultomiris™ | | | | |
| J1303 | | | | |
| Unclassified codes** | | | | |
| C9399 | J3490 | J3590 | | |
| Uplizna® | | | | |
| J1823 | | | | |
| Viltepso™ | | | | |
| J1427 | | | | |
| Vyepti™ | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|
|-------------------------|------------------------|--------------------------------------------------------------|--|--|--|

| | | | | | |
|---------------------------------------|-------------------|----------------------------------------------------|-------|-------|-------|
| Injectable medications (continued) | | J3032 | | | |
| | | Vyondys 53® | | | |
| | | J1429 | | | |
| | | White blood cell colony-stimulating factors | | | |
| | | J1442 | J1447 | J2505 | Q5101 |
| | | Q5108 | Q5110 | Q5111 | Q5120 |
| | | Q5122 | | | |
| | | Xembify® | | | |
| | | J1558 | | | |
| | | Xolair®* | | | |
| | J2357 | | | | |
| | Zolgensma® | | | | |
| | J3399 | | | | |

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*.

Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available

at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

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

** For unclassified and temporary codes C9075, C9399, J3490 and J3590, prior authorization is only required for Amondys 45 (casimersen), Cutaquig®, Lupaneta Pack™.

*** Codes are effective 8/1/2021

| | | | | | |
|-------------------------------------------------------------------------------------|------------------------------|-------|-------|-------|-------|
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| | | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27122 |
| | | 27125 | 27130 | 27132 | 27134 |
| | | 27137 | 27138 | 27412 | 27446 |
| | | 27447 | 27486 | 27487 | 29866 |
| | | 29867 | 29868 | J7330 | S2112 |
| Non-emergent air ambulance transport | Prior authorization required | A0430 | A0431 | A0435 | A0436 |
| | | S9960 | S9961 | | |
| Orthognathic surgery Treatment of maxillofacial/jaw functional impairment | Prior authorization required | 21121 | 21123 | 21125 | 21127 |
| | | 21141 | 21142 | 21143 | 21145 |
| | | 21146 | 21147 | 21150 | 21151 |
| | | 21154 | 21155 | 21159 | 21160 |
| | | 21193 | 21194 | 21195 | 21196 |
| | | 21198 | 21199 | 21206 | 21208 |
| | | 21209 | 21210 | 21215 | 21240 |
| | | 21242 | 21244 | 21245 | 21246 |
| 21247 | 21248 | 21249 | 21255 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------|-------|-------|
| Orthognathic surgery (continued) | | 21296 | 21299 | | |
| Orthotics and prosthetics | Prior authorization is required only for orthotic and prosthetics with a retail purchase or a 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 | L1830 | L1831 |
| | | L1832 | L1834 | L1836 | L1840 |
| | | L1844 | L1845 | L1846 | L1847 |
| | | 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 |



| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| Orthotics and prosthetics (continued) | | L5795 | L5811 | L5812 | L5814 |
| | | L5816 | L5818 | L5822 | L5824 |
| | | L5826 | L5828 | L5830 | L5845 |
| | | L5848 | L5857 | L5858 | L5930 |
| | | L5950 | L5960 | L5961 | L5962 |
| | | L5964 | L5966 | L5968 | L5973 |
| | | L5976 | L5979 | L5980 | L5981 |
| | | L5982 | L5984 | L5986 | L5987 |
| | | L5988 | L5990 | L5999 | L6000 |
| | | L6010 | L6020 | L6050 | L6055 |
| | | L6100 | L6110 | L6120 | L6130 |
| | | L6200 | L6205 | L6250 | L6300 |
| | | L6310 | L6320 | L6350 | L6360 |
| | | L6370 | L6380 | L6382 | L6384 |
| | | L6400 | L6450 | L6500 | L6550 |
| | | L6570 | L6580 | L6582 | L6584 |
| | | L6586 | L6588 | L6590 | L6621 |
| | | L6623 | L6624 | L6646 | L6648 |
| | | L6686 | L6687 | L6689 | L6690 |
| | | L6692 | L6693 | L6694 | L6695 |
| | | L6696 | L6697 | L6704 | L6707 |
| | | L6708 | L6709 | L6711 | L6712 |
| | | L6713 | L6714 | L6715 | L6880 |
| | | L6881 | L6882 | L6883 | L6884 |
| | | L6885 | L6895 | L6900 | L6905 |
| | | L6910 | L6915 | L6920 | L6925 |
| | | L6930 | L6935 | L6940 | L6945 |
| | | L6950 | L6955 | L6960 | L6965 |
| | | L6970 | L6975 | L7007 | L7008 |
| | | L7009 | L7040 | L7045 | L7170 |
| | L7180 | L7181 | L7185 | L7186 | |
| | L7190 | L7191 | L7405 | L8040 | |
| | L8042 | L8043 | L8044 | L8045 | |
| | L8046 | L8047 | L8499 | L8609 | |
| | L8610 | L8612 | L8631 | L8659 | |
| Private duty nursing | Prior authorization required | T1000 | T1002 | T1003 | |
| Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | Prior authorization required | 77520 | 77522 | 77523 | 77525 |
| Radiology | Prior authorization is required for participating physicians who | Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Radiology (continued) | request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/VACommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program. | | | |
| Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30400 30435 30465 | 30410 30450 | 30420 30460 | 30430 30462 |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | Prior authorization required | 21685 | 41599 | 42145 | |
| Spinal surgery | Prior authorization required | 22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22899 63011 63017 63042 63050 63075 63087 63170 63190 63196 63250 63267 63272 63302 | 22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 63001 63012 63020 63045 63055 63077 63090 63172 63191 63198 63251 63268 63286 63303 | 22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63003 63015 63030 63046 63056 63081 63101 63173 63194 63199 63252 63270 63300 63304 | 22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63005 63016 63040 63047 63064 63085 63102 63185 63195 63200 63265 63271 63301 63305 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|
| Spinal surgery (continued) | | 63306 | 63307 | 63308 | |
| Stimulators Implantation of a device that sends electrical impulses | Prior authorization required | Bone-growth stimulator | | | |
| | | E0747 | E0748 | E0749 | E0760 |
| | | Neurostimulator | | | |
| | | 61863 | 61864 | 61867 | 61868 |
| | | 61885 | 61886 | 63650 | 63655 |
| | | 63685 | 64553 | 64555 | 64568 |
| | | 64570 | 64590 | L8680 | L8682 |
| | | L8685 | L8686 | L8687 | L8688 |
| Transplants | Prior authorization required | For transplant and CAR T-Cell therapy services including 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 health plan ID card. | | | |
| | | 32850 | 32851 | 32852 | 32853 |
| | | 32854 | 32855 | 32856 | 33930 |
| | | 33933 | 33935 | 33940 | 33944 |
| | | 33945 | 38208 | 38209 | 38210 |
| | | 38212 | 38213 | 38214 | 38215 |
| | | 38232* | 38240 | 38241 | 38242 |
| | | 44132 | 44133 | 44135 | 44136 |
| | | 44137 | 44715 | 44720 | 44721 |
| | | 47133 | 47135 | 47140 | 47141 |
| | | 47142 | 47143 | 47144 | 47145 |
| | | 47146 | 47147 | 48551 | 48552 |
| | | 48554 | 50300 | 50320 | 50323 |
| | | 50325 | 50340 | 50360 | 50365 |
| | | 50370 | 50380 | 50547 | S2060 |
| | | S2061 | S2152 | | |
| | | CAR T-Cell Therapy | | | |
| | | 0537T | 0538T | 0539T | 0540T |
| | | C9076** | C9399** | J3490** | J3590** |
| | | J9999** | Q2041 | Q2042 | Q2053 |
| | | *Code 38232 will only require prior authorization for an oncology diagnosis. | | | |
| | | ** For unclassified codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®. | | | |
| Vein procedures 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 | 36473 | 36475 | 36478 | 37700 |
| | | 37718 | 37722 | 37765 | 37766 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow | Prior authorization required | Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 . | | | |
| | | 33927 | 33975 | 33976 | 33979 |
| | | 33981 | 33982 | 33983 | Q0507 |
| | | Q0508 | Q0509 | | |
| Wound vac | Prior authorization required | E2402 | | | |

