

# Prior Authorization Requirements for Virginia Medicaid

Effective May 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](https://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 844-284-0146.

**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			
<b>Bariatric surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	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.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
<b>Cardiology</b>	Prior authorization is required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance. Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echo cardiograms and stress echoes prior to performance.	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 Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link 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/VACommunityplan">UHCprovider.com/VACommunityplan</a> > Prior			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Cardiology (continued)</b>		Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.			
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<b>Cardiovascular</b>	Prior authorization is required	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
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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		I70.621	I70.622	I70.623	I70.628
		I70.629	I70.631	I70.632	I70.633
		I70.634	I70.635	I70.638	I70.639
		I70.641	I70.642	I70.643	I70.644
		I70.645	I70.648	I70.649	I70.661
		I70.662	I70.663	I70.668	I70.669
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	I70.721
		I70.722	I70.723	I70.728	I70.729
		I70.731	I70.732	I70.733	I70.734
		I70.735	I70.738	I70.739	I70.741
		I70.742	I70.743	I70.744	I70.745
		I70.748	I70.749	I70.761	I70.762
		I70.763	I70.768	I70.769	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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 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
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and an external portion that helps 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	
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function	Prior authorization required	11960	11971	15820	15821
		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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			
<b>Durable medical equipment (DME)</b>	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 – see <i>Orthotics and prosthetics</i> .	E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675
	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1825
		E2100	E2227	E2228	E2230
		E2300	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	K0005	K0008	K0013
		K0108	K0606	K0812	K0830
		K0831	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040
		T1999	T5999	V2786	V5269
		V5270	V5271	V5272	V5274
	V5281	V5282	V5283	V5286	
	V5287	V5288	V5290		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002	B9998		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	0191T
		A4638	A6000	A9274	E0231
		E1831	S0810	S1030	S1031
		S2102			
<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 <b>surgical codes</b> with the following <b>DX codes:</b>			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (continued)		14000	14001	14021	14041
		14061	15757	15758	15775
		15776	15777	15780	15781
		15782	15783	15787	15788
		15789	15792	15793	17380
		21083	21087	21120	21122
		21172	21270	21899	31599
		31899	64856	64892	64896
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	81224	81225
		81226	81227	81228	81229
		81230	81231	81232	81233
		81234	81235	81236	81237
		81238	81239	81240	81241
		81242	81243	81244	81245
		81246	81247	81248	81249
		81250	81251	81252	81253
		81254	81255	81256	81257
		81258	81259	81260	81261
		81262	81263	81264	81265
		81266	81267	81268	81269
		81270	81271	81272	81273
		81274	81275	81276	81283
		81284	81285	81286	81287
		81288	81289	81290	81291
81292	81293	81294	81295		
81296	81297	81298	81299		
81300	81301	81302	81303		
81304	81305	81306	81307		
81308	81309	81310	81311		
81312	81313	81314	81315		
81316	81317	81318	81319		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and Molecular Testing (continued)</b>		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	81374
		81375	81376	81377	81378
		81379	81380	81381	81382
		81383	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	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	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	0161U		
<b>Home health care</b>	Prior authorization is required only in outpatient settings, to include member's home.	G0299	G0300	G0493	G0494
		G0495	G0496	S9474	
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b> J3262 <b>Acthar®</b> J0800			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Adakveo®</b>				
	J0791				
	<b>Avsola™</b>				
	Q5121				
	<b>Benlysta</b>				
	J0490				
	<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>Crysvita®</b>				
	J0584				
	<b>Elelyso®</b>				
	J3060				
	<b>Entyvio®</b>				
	J3380				
	<b>Evenity™</b>				
	J3111				
	<b>Exondys 51™</b>				
	J1428				
	<b>Fasenra™</b>				
	J0517				
	<b>Feraheme®</b>				
	Q0138				
<b>Gamifant®</b>					
J9210					
<b>Givlaari®</b>					
J0223					
<b>Ilaris®</b>					
J0638					
<b>Ilumya™</b>					
J3245					
<b>Inflectra®</b>					
Q5103					
<b>Injectafer®</b>					
J1439					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)	<b>IVIG</b>			
	90283	90284	J1459	J1554
	J1555	J1556	J1557	J1559
	J1561	J1566	J1568	J1569
	J1572	J1575	J1599	
	<b>Lemtrada®</b>			
	J0202			
	<b>Luxturna™</b>			
	J3398			
	<b>Makena®</b>			
	J1726	J1729	J2675	
	<b>Monoferric®</b>			
	J1437			
	<b>Nucala®</b>			
	J2182			
	<b>Ocrevus™</b>			
	J2350			
	<b>Onpattro™</b>			
	J0222			
	<b>Orencia®</b>			
	J0129			
	<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>Scenesse®</b>				
J7352				
<b>Simponi Aria®</b>				
J1602				
<b>Sodium Hyaluronate</b>				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
<b>Soliris®</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J1300				
	<b>Spinraza™</b>				
	J2326				
	<b>Spravato®</b>				
	S0013				
	<b>Sublocade™</b>				
	Q9991	Q9992			
	<b>Synagis®*</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Trogarzo™</b>				
	J1746				
	<b>Ultomiris™</b>				
	J1303				
	<b>Unclassified codes**</b>				
	C9399	J3490	J3590		
	<b>Uplizna®</b>				
	J1823				
	Viltepso™				
	J1427				
	<b>Vyepti™</b>				
	J3032				
	<b>Vyondys 53®</b>				
	J1429				
	<b>White blood cell colony-stimulating factors</b>				
	J1442	J1447	J2505	Q5101	
	Q5108	Q5110	Q5111	Q5120	
	Q5122				
	<b>Xembify®</b>				
J1558					
<b>Xolair®*</b>					
J2357					
<b>Zolgensma®</b>					
J3399					
<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug</p>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		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 codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig®.			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487 J7330	23474 24363 27122 27134 27446 29866 S2112
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics and prosthetics</b>	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1832 L1844 L1860 L2000 L2030 L2038 L2126	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1820 L1834 L1845 L1945 L2005 L2034 L2060 L2136	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1830 L1836 L1846 L1950 L2010 L2036 L2106 L2350	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1831 L1840 L1847 L1970 L2020 L2037 L2108 L2510

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	L5782
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5973	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		L6000	L6010	L6020	L6050
		L6055	L6100	L6110	L6120
		L6130	L6200	L6205	L6250
		L6300	L6310	L6320	L6350
		L6360	L6370	L6380	L6382
		L6384	L6400	L6450	L6500
		L6550	L6570	L6580	L6582
	L6584	L6586	L6588	L6590	
	L6621	L6623	L6624	L6646	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		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>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 <b>UHCprovider.com</b> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/VACommunityplan &gt;</b> Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p>			
<b>Rhinoplasty and septoplasty</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>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Sleep apnea procedures and surgeries (continued)**

Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea

<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> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone-growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8685	L8686	L8687



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Stimulators (continued)</b>		L8688			
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including 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 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		
		<b>CAR-T Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
<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	37780
<b>Ventricular assist devices (VAD)</b>	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 <b>855-282-8929</b> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			