

Prior Authorization Requirements for Pennsylvania Medicaid

Effective October 1, 2022

General Information

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

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](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:** 800-366-7304
- **Fax:** 800-600-9007

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, as identified below.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Abortion	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
		59866			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Behavioral health services	These services are carved out and are managed by the Behavioral Health Managed Care Organization (MCO) that covers the member's county of residence. For more information, please call the Member Services number on the back of the ID card.				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
BRCA genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81212	81216	81432
		81433			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis *Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below .	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Filgrastim (Neupogen®) J1442*			
		Filgrastim-aafi (Nivestym™) Q5110*			
		Filgrastim-sndz (Zarxio®) Q5101*			
		Pegfilgrastim (Neulasta®) J2506*			
		Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122*			
		Pegfilgrastim-bmez (Ziextenzo®) Q5120*			
		Pegfilgrastim-cbqv (UDENYCA™) Q5111*			
		Pegfilgrastim-jmdb (Fulphila™) Q5108*			
		Sargramostim (Leukine®) J2820			
		Tbo-filgrastim (Granix®) J1447*			
		Trilaciclib (Cosela®) J1448*			
		<u>Bone-modifying agent that requires prior authorization:</u>			
		Denosumab (Xgeva®) J0897			
		Please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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[UHCprovider.com](https://www.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**.

Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/PAcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program</p>
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Cardiovascular	Prior authorization required for the codes listed.	37220	37221	37224	37225	
		37226	37227	37228	37229	
		75710*	75716*	93580		
		*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
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
	T82.868A	T82.898A	Z95.820	Z98.62	
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 .			
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E0787	A9276* K0553*	A9277* K0554*	A9278*
*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.					
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly	Prior authorization required	11960	14020	14021	14061
		15820	15821	15822	15823
		15830	15847	15877	15878*
		15879*	17106	17107	17108

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
improving or restoring physiological function		17999	21137	21138	21139
Reconstructive procedures that treat a medical condition		21172	21175	21179	21180
or improve or restore physiologic function		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	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		

*Gender Dysphoria may apply

Durable medical equipment (DME)	Additional Information	A9279	A9280	A9900	E0194	
Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500		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
			E0693	E0694	E0700	E0710
			E0745	E0762	E0764	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	T1999
		T5999	V2786	V5269	V5270
		V5271	V5272	V5274	V5281
		V5282	V5283	V5286	V5287
		V5288	V5290	S1040	E0766
Enteral services	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	0191T	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S2102
		S9988	S9990	S9991	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29916			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes , with the following DX codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		11950	11951	11952	11954
		11980	14000	14001	14041
		15734	15738	15750	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
		17380	19303	21083	21087
21120	21122	21173	21270		
21899	31599	31750	31899		
45399	45999	53410	53430		
54125	54520	54660	54690		
55175	55180	56625	56800		
56805	57110	57335	58541		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (continued)		58554	58661	58720	58940
		58999	64856	64892	64896
		69300	90785	96372	
Genetic and molecular	Prior authorization required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81203
		81204	81205	81208	81209
		81212	81216	81218	81220
		81222	81223	81224	81225
		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
		81277	81283	81284	81285
		81286	81287	81288	81289
		81290	81291	81292	81294
		81295	81297	81298	81300
		81302	81303	81304	81305
81306	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing (continued)		81382	81383	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81445
		81448	81460	81465	81470
		81471	81479	81518	81519
		81520	81521	81522	81546
		81595	81599	87481	87482
		87505	87506	87507	87510
		87511	87512	87623	87797
		87798	87799	87800	87801
		0001U	0004M	0012U	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	0084U	0087U
		0088U	0097U	0129U	0171U
		0173U	0175U	0179U	0209U
		0214U	0215U	0216U	0217U
	0237U	0238U	0245U	0250U	
	0262U	0265U	S3870		
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
Hospice	Prior authorization required	T2045			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
Human milk bank	Prior authorization required	T2101			
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0800			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	Adakveo®				
	J0791				
	Aldurazyme®				
	J1931				
	Amondys 45				
	J1426				
	Apretude				
	J0739				
	Aralast® NP, Prolastin-C®, Zemaira®				
	J0256				
	Avsola™				
	Q5121				
	Benlysta				
	J0490				
	Berinert				
	J0597				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Brineura™				
	J0567				
	Cerezyme®				
	J1786				
	Cimzia®				
	J0717				
	Cinqair®				
	J2786				
	Cinryze®				
	J0598				
	Crysvita®				
	J0584				
	Cutaquig®				
	J1551				
	Elaprase®				
	J1743				
	Elelyso®				
	J3060				
	Enjaymo™				
	J1302				
Entyvio®					
J3380					
Evenity™					
J3111					
Evkeeza™					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	J1305				
	Exondys 51™				
	J1428				
	Fabrazyme®				
	J0180				
	Fasenra™				
	J0517				
	Fensolvi®				
	J1951				
	Feraheme®				
	Q0138				
	Firmagon®				
	J9155				
	Gamifant®				
	J9210				
	Givlaari®				
	J0223				
	Glassia				
	J0257				
	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				
	Kanuma®				
	J2840				
Korsuva®					
J0879					
Krystexxa®					
J2507					
Lemtrada®					
J0202					
Leqvio®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
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Injectable medications (continued)		J1306		
		Lumizyme®		
		J0221		
		Lupron Depot®		
		J1950		
		Lupron Depot, Eligard®		
		J9217		
		Luxturna™		
		J3398		
		Makena®		
		J1726	J1729	J2675
		Mepsevii®		
		J3397		
		Monoferric®		
		J1437		
		Naglazyme®		
		J1458		
		Nexviazyme®		
		J0219		
		Nplate®		
		J2796		
		Nucala®		
		J2182		
		Ocrevus™		
		J2350		
		Octreotide Acetate		
		J2354		
		Onpattro™		
		J0222		
		Orencia®		
	J0129			
	Oxlumo™			
	J0224			
	Parsabiv™			
	J0606			
	Probuphine®			
	J0570			
	Radicava®			
	J1301			
	Reblozyl®			
	J0896			
	Releuko®			
	Q5125			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	Remicade®				
	J1745				
	Renflexis®				
	Q5104				
	Riabni™				
	Q5123				
	Rituxan®				
	J9312				
	Rituxan Hycela®				
	J9311				
	Ruconest®				
	J0596				
	Ruxience®				
	Q5119				
	Ryplazim®				
	J2998				
	Sandostatin® LAR				
	J2353				
	Saphnelo®				
	J0491				
	Scenesse®				
	J7352				
	Signifor® LAR				
	J2502				
	Simponi Aria®				
	J1602				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
Soliris®					
J1300					
Somatuline® Depot					
J1930					
Spinraza™					
J2326					
Spravato®					
S0013					
Stelara					
J3358					
Sublocade™					
Q9991	Q9992				
Supprelin® LA					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	J9226				
	Synagis® *				
	90378				
	Tepezza®				
	J3241				
	Tezspire™				
	J2356				
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Trogarzo™				
	J1746				
	Truxima®				
	Q5115				
	Tysabri®				
	J2323				
	Ultomiris™				
	J1303				
	Unclassified codes**				
	C9399		J3490		J3590
	Uplizna®				
	J1823				
	Vantas™				
	J9225				
	Viltepso™				
	J1427				
	Vimizim®				
	J1322				
	VPRIV®				
	J3385				
	Vyepti™				
	J3032				
Vyondys 53®					
J1429					
Vyvgart™					
J9332					
White blood cell colony stimulating factors***					
J1442		J1447	J1448	J2506	
Q5101		Q5108	Q5110	Q5111	
Q5120		Q5122			
Xembify®					
J1558					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (continued)		Xolair® J2357
		Zoladex® J9202
		Zolgensma® J3399

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

** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Fylnetra®, Lupaneta Pack™, Nulibry, Purified Cortrophin™ Gel and Revcovi,

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.

Inpatient admission	Notification required for admissions	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> • Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities
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Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	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
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (continued)		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		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		

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	
Pediatric day services (PDHC)	Prior authorization required	T1024			
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Prostate procedures	Prior authorization required	37243 53852	52441 55866	52442 55873	53850 55874
Proton beam therapy Focused radiation therapy using beams of	Prior authorization required	77520	77522	77523	77525

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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protons, which are tiny particles with a positive charge

Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. To request prior authorization, please call 866-889-8054. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/PACommunityPlan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p>			
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Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

Sinuplasty	Prior authorization required	31295	31296	31297	31298
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Site of service (SOS) – outpatient hospital	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p>	Auditory System			
		69205			
		Cardiovascular System			
		36590	36832		
		Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		Colonoscopy			
		45378	45380	45384	45385
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive System			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
46040	46050	46200	46220		
46221	46250	46255	46261		
46270	46275	46288	46505		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Site of service (SOS) – outpatient hospital (continued)		46750	46910	46946
	Ear, nose and throat (ENT) procedures			
		21320	30140	30520
		69631		69436
	Eye and Ocular Adnexa			
		65710	65820	66250
		66711	66825	66986
		66988	67010	67041
		67105	67108	67113
		68110	68115	68320
		68815		68720
	Female Genital System			
		57240	57250	57461
		58561	58562	57520
	Gynecologic procedures			
		57522	58353	58558
		58565		58563
	Hemic and Lymphatic System			
		38500	38510	38525
	Hernia repair			
		49505	49585	49587
		49651	49652	49653
		49655		49654
	Integumentary System			
		10121	11440	11450
		11770	13121	15100
		15240	19020	19120
				19125
	Liver biopsy			
		47000		
	Male Genital System			
		54840		
	Miscellaneous			
		20680		
	Musculoskeletal System			
		20552	20553	21012
		21336	21554	21555
		21930	22902	22903
		23075	24071	27327
		27632	28035	28039
		28060	28080	28090
		28110	28118	28119
		28285	28289	28292
		28297	28298	28299
				21013
				21556
				23071
				27337
				28041
				28104
				28124
				28296
				29806

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		29807	29819	29822	29823
		29824	29825	29826	29827
		29828	29835	29840	29845
		29846	29848	29861	29875
		29876	29877	29879	29880
		29881	29882	29888	29893
		G0260			
		Nervous System			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
	Respiratory System				
	30802	30930	31525	31535	
	31536	31541	31624		
	Tonsillectomy and adenoidectomy				
	42820	42821	42825	42826	
	42830				
	Upper and lower gastrointestinal endoscopy				
	43235	43239	43249		
	Urinary System				
	52276	52287	52320	52344	
	Urologic procedures				
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52281	52310	52332	52351	
	52352	52353	52356	54161	
	55040	55700	57288		
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22864	22865	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0095T	0098T	0164T
*SOS also applies					
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		0312T	0313T	0314T	0315T
		0316T	0317T	43648	43881
		43882	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 Maralucecl), 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (continued)		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	50547	S2060	S2061
		S2152			
		CAR T-Cell Therapy			
		0537T	0538T	0539T	0540T
		C9098**	J9999**	Q2041	Q2042
		Q2053	Q2054	Q2055	
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**Codes C9098 and J9999 will require prior authorization for Carvykti			
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
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
Wound vac	Prior authorization required	E2402			