

# Prior Authorization Requirements for Virginia Cardinal Care LTSS

Effective March 1, 2023

## 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 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:** 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			
<b>Bariatric surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<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 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371
<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an	<b><u>Injectable Colony-Stimulating Factor Drugs That Require Prior Authorization:</u></b>  <b>Bio similar (Zarxio®)</b> Q5101*			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cancer supportive care (continued)</b>	<p>outpatient setting for a cancer diagnosis</p> <p>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-ayow, (Releuko®)</b> Q5125*</p> <p><b>Pegfilgrastim-apgf, (Nyvepria®)</b> Q5122*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b><u>Bone-Modifying Agent That Requires Prior Authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p>Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Cardiology</b>	<p>Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com">UHCprovider.com</a>/VAcommunityplan &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</p>			
<b>Cardiovascular</b>	<p>Prior authorization is required for lower extremities angiogram only.</p>	<p>37220*</p> <p>37226*</p> <p>37230*</p>	<p>37221*</p> <p>37227*</p> <p>37231*</p>	<p>37224*</p> <p>37228*</p> <p>93580*</p>	<p>37225*</p> <p>37229*</p>
		<p>*Prior authorization is required for the following diagnosis codes:</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		E08.52	E09.52	E10.52	E11.52
		E13.52	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	I70.321	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	I70.421	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	I70.521	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	I70.621	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	I70.721	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	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (continued)</b>		M86.051	M86.052	M86.059	M86.061	
		M86.062	M86.069	M86.071	M86.072	
		M86.079	M86.08	M86.09	M86.1	
		M86.10	M86.151	M86.152	M86.159	
		M86.161	M86.162	M86.169	M86.171	
		M86.172	M86.179	M86.18	M86.19	
		M86.20	M86.251	M86.252	M86.259	
		M86.261	M86.262	M86.269	M86.271	
		M86.272	M86.279	M86.28	M86.29	
		M86.30	M86.351	M86.352	M86.359	
		M86.361	M86.362	M86.369	M86.371	
		M86.372	M86.379	M86.38	M86.39	
		M86.40	M86.451	M86.452	M86.459	
		M86.461	M86.462	M86.469	M86.471	
		M86.472	M86.479	M86.48	M86.49	
		M86.50	M86.551	M86.552	M86.559	
		M86.561	M86.562	M86.571	M86.572	
		M86.579	M86.58	M86.59	M86.60	
		M86.651	M86.652	M86.659	M86.661	
		M86.662	M86.669	M86.671	M86.672	
		M86.679	M86.68	M86.69	M86.8X0	
		M86.8X5	M86.8X6	M86.8X7	M86.8X8	
		M86.8X9	M86.9	I96	L03.115	
		L03.116	Q27.30	Q27.32	Q27.39	
		Q27.8	Q27.9	Q87.2	S35.511A	
		S35.512A	T82.312A	T82.318A	T82.319A	
		T82.338A	T82.392A	T82.398A	T82.399A	
		T82.898A	I73.00	I73.01	I73.1	
		I73.81				
<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>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b>				
		<ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul>				
		Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then,				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy (continued)</b>		select the Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b> .			
<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 L8619	69714 L8690	69930 L8691	L8614 L8692
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 A9278 A4238	A4239 E0787	A9276 E2103	A9277 E2102
<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 14040 14301 15823 17106 21139	11971 14041 15820 15830 17107 21172	14020 14060 15821 15847 17108 21175	14021 14061 15822 15877 17999 21179
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21180 21275 21742 67900 67904 67911 67916 67923 67966	21230 21282 21743 67901 67906 67912 67917 67924 Q2026	21235 21295 28344 67902 67908 67914 67921 67950	21256 21740 30620 67903 67909 67915 67922 67961
<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 E0265 E0300 E0457 E0470	A9280 E0266 E0328 E0460 E0471	A9900 E0270 E0329 E0465 E0483	E0194 E0277 E0445 E0466 E0486
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0620 E0656 E0693	E0636 E0669 E0694	E0637 E0670 E0700	E0652 E0675 E0710
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	E0745 E0784 E1003 E1007 E1030 E1161 E1233 E1237 E2100 E2300	E0762 E0984 E1004 E1008 E1035 E1229 E1234 E1238 E2227 E2301	E0764 E0986 E1005 E1009 E1036 E1231 E1235 E1239 E2228 E2310	E0766 E1002 E1006 E1010 E1130 E1232 E1236 E1825 E2230 E2311

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable Medical Equipment (DME) (continued)</b>		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				
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002 E0791	B9004	B9006	B9998
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477 65767 A9274 S1031	36514 66180 E0231 S2102	64722 A4638 E1831	65765 A6000 S1030
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		

These **surgical codes** with the following **DX codes**:

F64.0	F64.1	F64.2	F64.8
F64.9	Z87.890		
11980	14000	14001	15757
15758	15775	15776	15777
15780	15781	15782	15783
15787	15788	15789	15792
15793	15819	15824	15825

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gender dysphoria treatment (continued)</b>		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		
<b>Genetic and molecular testing</b>	Prior authorization required	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81168	81170	81171	81172
		81173	81174	81175	81176
		81177	81178	81179	81180
		81181	81182	81183	81184
		81185	81186	81187	81188
		81189	81190	81191	81192
		81193	81194	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	81278	81279	81283
		81284	81285	81286	81287
		81288	81289	81290	81291
		81292	81294	81295	81297
81298	81300	81302	81303		
81304	81305	81306	81307		
81309	81310	81312	81313		
81314	81315	81316	81317		
81318	81319	81320	81321		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing (continued)		81322	81323	81324	81325
		81326	81327	81328	81329
		81330	81331	81332	81333
		81334	81335	81336	81337
		81338	81339	81340	81341
		81342	81343	81344	81345
		81346	81347	81348	81350
		81351	81352	81353	81355
		81357	81360	81361	81362
		81363	81364	81370	81371
		81372	81373	81375	81376
		81377	81378	81379	81380
		81381	81382	81383	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
		81414	81415	81416	81417
		81419	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
		81554	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	0229U
		0230U	0231U	0232U	0234U
		0235U	0236U	0237U	0238U
		0245U	0246U	0250U	0252U
		0253U	0254U	0258U	0260U



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing (continued)</b>		0262U	0264U	0265U	0266U
		0267U	0268U	0269U	0270U
		0271U	0272U	0273U	0274U
		0276U	0277U	0278U	0282U
		S3870			
<b>Home health care</b>	Prior authorization is required only in outpatient settings, to include member's home.	G0299	G0300	G0493	G0494
		G0495	G0496	S9123	S9124
		S9474			
<b>Hysterectomy</b>	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		
<b>Injectable medications</b>	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.	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Aldurazyme®</b>			
		J1931			
		<b>Amondys 45</b>			
		J1426			
		<b>Amvuttra™</b>			
		J0225			
		<b>Aralast NP, Prolastin – C, Zemaïra</b>			
		J0256			
		<b>Apretude</b>			
		J0739			
		<b>Avsola™</b>			
Q5121					
<b>Benlysta</b>					
J0490					
<b>Botulinum toxins</b>					
J0585	J0586	J0587	J0588		
<b>Brineura™</b>					
J0567					
<b>Cabenuva</b>					
J0741					
<b>Cerezyme®</b>					
J1786					

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

- Cimzia®\***  
J0717
- Cinqair®**  
J2786
- Crysvita®**  
J0584
- Cutaquig®**  
J1551
- Elaprase®**  
J1743
- Elelyso®**  
J3060
- Enjaymo™**  
J1302
- Entyvio®**  
J3380
- Evkeeza**  
J1305
- Evenity™**  
J3111
- Exondys 51™**  
J1428
- Fabrazyme®**  
J0180
- Fasenra™**  
J0517
- Fensolvi®**  
J1951
- Feraheme®**  
Q0138
- Gamifant®**  
J9210
- Glassia®**  
J0257
- Givlaari®**  
J0223
- Ilaris®**  
J0638
- Ilumya™**  
J3245
- Inflectra®**  
Q5103

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
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Injectable medications (continued)		<b>Injectafer®</b>			
		J1439			
		<b>IVIG</b>			
		90283	90284	J1459	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
		<b>Kanuma®</b>			
		J2840			
		<b>Korsuva®</b>			
		J0879			
		<b>Krystexxa®</b>			
		J2507			
		<b>Lemtrada®</b>			
		J0202			
		<b>Leqvio®</b>			
		J1306			
		<b>Lumizyme®</b>			
		J0221			
		<b>Luxturna™</b>			
		J3398			
		<b>Makena®</b>			
		J1726	J1729	J2675	
		<b>Mepsevii®</b>			
		J3397			
		<b>Monoferric®</b>			
		J1437			
		<b>Naglazyme®</b>			
		J1458			
		<b>Nexviazyme®</b>			
		J0219			
		<b>Nplate®</b>			
	J2796				
	<b>Nucala®</b>				
	J2182				
	<b>Ocrevus™</b>				
	J2350				
	<b>Onpattro™</b>				
	J0222				
	<b>Orencia®</b>				
	J0129				
	<b>Oxlumo™</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (continued)		J0224			
		<b>Parsabiv™</b>			
		J0606			
		<b>Probuphine®</b>			
		J0570			
		<b>Prolia®****</b>			
		J0897			
		<b>Radicava®</b>			
		J1301			
		<b>Reblozyl®</b>			
		J0896			
		<b>Releuko®</b>			
		Q5125			
		<b>Remicade®</b>			
		J1745			
		<b>Renflexis®</b>			
		Q5104			
		<b>Ryplazim®</b>			
		J2998			
		<b>Saphnelo®</b>			
		J0491			
		<b>Scenesse®</b>			
		J7352			
		<b>Signifor® LAR</b>			
		J2502			
		<b>Simponi Aria®</b>			
		J1602			
		<b>Skyrizi®</b>			
		J2327			
		<b>Sodium Hyaluronate</b>			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		<b>Soliris®</b>			
		J1300			
	<b>Spinraza™</b>				
	J2326				
	<b>Spravato®</b>				
	S0013				
	<b>Synagis®*</b>				
	90378				
	<b>Tepezza®</b>				

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

		J3241			
		<b>Tezspire™</b>			
		J2356			
		<b>Therapeutic Radiopharmaceuticals***</b>			
		A9513	A9590	A9696	A9699
		A9607			
		<b>Triptodur®</b>			
		J3316			
		<b>Trogarzo™</b>			
		J1746			
		<b>Ultomiris™</b>			
		J1303			
		<b>Unclassified codes*</b>			
		C9399	J3490	J3590	
		<b>Uplizna®</b>			
		J1823			
		<b>Viltepso™</b>			
		J1427			
		<b>Vimizim®</b>			
		J1322			
		<b>Vyepti™</b>			
		J3032			
		<b>Vyondys 53®</b>			
		J1429			
		<b>Vyvgart</b>			
		J9332			
		<b>White blood cell colony-stimulating factors**</b>			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		<b>Xembify®</b>			
		J1558			
		<b>Xolair®</b>			
		J2357			
		<b>Zolgensma®</b>			
		J3399			

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

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

at [UHCprovider.com](http://UHCprovider.com) > Menu > Policies and Protocols > Community Plan

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

Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.  
Please obtain prior notification for Cimzia, and Synagis through OptumRx prior notifications services at **800-310-6826**.

\* For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Fylnetra, Lupaneta Pack™, Nulibry, Revcovi, Spevigo, Xenpozyme.

\*\*Codes J1442, J1447 J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, white blood cell colony stimulating factors, will require prior authorization for both oncology and non-oncology DX. For oncology DX please see Cancer Supportive Care section above. For non-oncology DX submit online at [UHCProvider.com](https://UHCProvider.com)>link>Prior Authorization and Notification tool on your link dashboard or call 877-842-3210

\*\*\*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 the Prior Authorization and Notification on your Provider Portal dashboard. Or, call **888-397-8129**.

For Unclassified code C9399, J3490 and J3590 for Purified Cortropin Gel Prior Authorization is required.

\*\*\*\*Effective 1/1/23 Prior authorization required for J0897 for non oncology DX.

<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	

<b>Musculoskeletal</b>	Prior authorization required	<b>Shoulder surgery</b>			
		23470	23472	23473	23474

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

<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21193	21194	21195	21196
		21198	21199	21206	21208
		21209	21210	21215	21240
		21242	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		

<b>Orthotics and prosthetics</b>	Prior authorization 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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
	L5950	L5960	L5961	L5962	
	L5964	L5966	L5968	L5973	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	L8040
		L8042	L8043	L8044	L8045
	L8046	L8047	L8499	L8609	
	L8610	L8612	L8631	L8659	
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b>			
		77014	77387	G6001	G6002
		<b>Proton Beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>IMRT</b>			
Intensity-Modulated Radiation Therapy					
77385	77386	G6015	G6016		
<b>Special/Associated Services</b>					
77331	77370	77399	77470		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Radiation therapy (continued)</b>		<b>SRS/SBRT</b>			
		77371	77372	77373	G0339
		G0340			
		<b>Standard Radiation Therapy (2D/3D)</b>			
		Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92			
		77401	77402	77407	77412
		G6003	G6004	G6005	G6006
		G6007	G6008	G6009	G6010
		G6011	G6012	G6013	G6014

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard or, call **866-889-8054**.

<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>866-889-8054</b> .		
		For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/VACommunityplan">UHCprovider.com/VACommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			

<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
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<b>Shoulder surgery</b>	Prior authorization required SOS applies to all codes in this category	<b>Musculoskeletal System</b>			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828

<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
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<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (continued)</b>		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	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	
<b>Stimulators</b>	Prior authorization required	<b>Bone-growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61863	61864	61867	61868
		61885	61886	63650	63655
		63685	64553	64555	64568
		64570	64590	L8680	L8682
		L8685	L8686	L8687	L8688
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), Carvykti (ciltacabtagene autoleucel), 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>		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			
		<b>CAR T-Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		
		<b>Gene therapy</b>			
		J3490***	J3590***	C9399***	
		*Code 38232 will only require prior authorization for an oncology diagnosis. ***Effective 1/1/23 For Unclassified codes J3490, J3590, and C9399, Skysona and Zytiglo will require Prior Authorization through Optum Transplant			
<b>Vein procedures</b>	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
<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	33975	33976	33979
		33981	33982	33983	Q0507
		Q0508	Q0509		
<b>Wound vac</b>	Prior authorization required	E2402			