

# Prior authorization requirements for UnitedHealthcare Community Plan of Florida

Effective October 1, 2024

## General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Florida health care professionals providing inpatient and outpatient services. Please submit your requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Connect with us:** For additional information, visit our [Contact us](#) page

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>Acupuncture</b>	Prior authorization required	97810	97811	97813	97814
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health services</b>	Prior authorization required 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 to refer for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast pump, electric</b>	Prior authorization required	E0604			
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19328 19350 19367	19316 19330 19357 19368	19318 19340 19361 19369	19325 19342 19364 19370

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Breast reconstruction (non-mastectomy) (cont.)</b>		19371	19380	19396	L8600
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<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen®)</b> J1442</p> <p><b>Filgrastim-aafi (Nivestym®)</b> Q5110</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506</p> <p><b>Pegfilgrastim-apgf (Nyvepria®)</b> Q5122</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120</p> <p><b>Pegfilgrastim-cbqv (Udenyca®)</b> Q5111</p> <p><b>Pegfilgrastim-jmdb (Fulphila®)</b> Q5108</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447</p> <p><b>Trilaciclib (Cosela™)</b> J1448</p> <p><b>Filgrastim-ayow (Releuko®)</b> Q5125</p> <p><b><u>Bone-modifying agents that require prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p><b><u>Antiemetic drugs</u></b> J1456</p> <p><b><u>Colony-stimulating factors</u></b> J1449</p> <p><b><u>Erythropoiesis-stimulating agents</u></b> J0885</p> <p>For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> to get started. Or, you can call <b>888-397-8129</b>.</p>			
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<b>Cardiovascular</b>	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	

**Prior authorization required for the following diagnosis codes:**

E08.52	E09.52	E10.52	E11.52
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Cardiovascular  
(cont.)**

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
M86.051	M86.052	M86.059	M86.061
M86.062	M86.069	M86.071	M86.072
M86.079	M86.08	M86.09	M86.1

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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 required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is <u>not</u> 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 HCPCS code</li> </ul>			
		For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or you can call <b>888-397-8129</b> .			
<b>Chiropractic</b>	Prior authorization required	98940	98941	98942	98943
<b>Circumcision</b>	Prior authorization required for patients ages 12 weeks and older	54161			
<b>Cochlear implants and other auditory</b>	Prior authorization required	69710	69714	69930	L8614

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8619	L8690	L8691	L8692
<b>Continuous glucose monitor</b>	Prior authorization required with type 2 diabetes diagnosis	A9276	A9277	A9278	
<b>Cosmetic and reconstructive surgeries</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition to improve or restore physiologic function	Prior authorization required	11960 14060 15821 15847 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14020* 14061* 15822 15877 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14021* 14301 15823 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	14041 15820 15830 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950
			<b>* Will not require prior authorization when billed with skin cancer diagnoses.</b>		
		C43.0 C43.121 C43.22 C43.4 C43.60 C43.71 C44.01 C44.1021 C44.111 C44.1192 C44.1291 C44.1322 C44.1921 C44.201 C44.212 C44.229 C44.300	C43.10 C43.122 C43.30 C43.51 C43.61 C43.72 C44.02 C44.1022 C44.1121 C44.121 C44.1292 C44.1391 C44.1922 C44.202 C44.219 C44.291 C44.301	C43.111 C43.20 C43.31 C43.52 C43.62 C43.8 C44.09 C44.1091 C44.1122 C44.1221 C44.131 C44.1392 C44.1991 C44.209 C44.221 C44.292 C44.309	C43.112 C43.21 C43.39 C43.59 C43.70 C43.9 C44.101 C44.1092 C44.1191 C44.1222 C44.1321 C44.191 C44.1992 C44.211 C44.222 C44.299 C44.310

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cosmetic and reconstructive surgeries (cont.)</b>		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
	<b>Durable medical equipment (DME)</b>	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900
E0270			E0300	E0328	E0329
E0445			E0457	E0465	E0466
E0470			E0471	E0483	E0486
E0620			E0652	E0675	E0693
Prosthetics are not DME — see orthotics and prosthetics.		E0694	E0745	E0762	E0764
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
Some home health care services may qualify but are not subject to the cost threshold — see home health care.		E1006	E1007	E1008	E1010
		E1030	E1035	E1036	E1130
		E1161	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1399	E1825	E2227
		E2228	E2310	E2311	E2322
		E2325	E2327	E2329	E2351
E2373	E2510	E2511	E2512		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		E2599	E2626	E2627	E2628
		E2629	E2630	E8000	E8001
		E8002	K0005	K0008	K0013
		K0108	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	S1040	T1999
		T5999	V2786	V5269	V5270
		V5271	V5272	V5281	V5282
		V5283	V5286	V5287	V5288
	V5290				
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9998			
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65765
		65767	66180	0191T	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S9988
		S9990	S9991		
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic and molecular testing to include breast cancer (BRCA) gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81162	81163	81164	81168
		81191	81192	81193	81194
		81228	81229	81277	81278
	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.	81279	81338	81339	81347
		81348	81349	81351	81352
		81353	81357	81360	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
		81414	81415	81416	81417
		81419	81420	81431	81432
		81433	81435	81436	81437
		81438	81439	81440	81443
		81445	81448	81460	81465
	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory	81479	81507	81518	81519
	81520	81521	81522	81523	
	81546	81554	81595	81599	
	87505	87506	87507	0006M	
	0007M	0012U	0013U	0014U	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Genetic and molecular testing (cont.)</b>	conducting the test and the laboratory will notify UnitedHealthcare.	0018U	0022U	0023U	0026U
		0055U	0060U	0087U	0088U
		0097U	0111U	0129U	0154U
		0155U	0157U	0158U	0159U
		0160U	0161U	0168U	0169U
		0170U	0171U	0172U	0173U
		0175U	0177U	0179U	0180U
		0181U	0182U	0183U	0184U
		0185U	0186U	0187U	0188U
		0189U	0190U	0191U	0192U
		0193U	0194U	0195U	0196U
		0197U	0198U	0199U	0200U
		0201U	0203U	0205U	0209U
		0214U	0215U	0216U	0217U
		0218U	0221U	0222U	0229U
		0230U	0231U	0232U	0234U
		0235U	0236U	0237U	0238U
		0245U	0246U	0250U	0252U
		0253U	0254U	0258U	0260U
		0262U	0264U	0265U	0266U
		0267U	0268U	0269U	0270U
		0271U	0272U	0273U	0274U
		0276U	0277U	0278U	0282U
		0285U	0286U	0287U	0288U
		0289U	0290U	0291U	0292U
		0293U	0294U	0296U	0297U
0298U	0299U	0300U	S3870		
<b>Home health care</b>	Prior authorization required only in outpatient settings to include member's home	S9122 T1030	S9123 T1031	S9124	T1021
<b>Hysterectomy</b>	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
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b> J3262 <b>Acthar®</b> J0801 <b>Adakveo®</b> J0791			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<b>Aduhelm®</b>				
	J0172				
	<b>Adzynma™</b>				
	J7171				
	<b>Aldurazyme®</b>				
	J1931				
	<b>Amondys 45®</b>				
	J1426				
	<b>Amvuttra™</b>				
	J0225				
	<b>Apretude®</b>				
	J0739				
	<b>Aralast® NP</b>				
	J0256				
	<b>Avsola™</b>				
	Q5121				
	<b>Benlysta</b>				
	J0490				
	<b>Berinert®</b>				
	J0597				
	<b>Botulinum toxins</b>				
	J0585	J0586	J0587	J0588	
	<b>Brineura®</b>				
	J0567				
	<b>Briumvi™</b>				
	J2329				
	<b>Cabenuva®</b>				
	J0741				
	<b>Cimzia® *</b>				
	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Cinryze</b>				
J0598					
<b>Cortrophin® Gel</b>					
J0802					
<b>Cosentyx® IV</b>					
J3247					
<b>Crysvita®</b>					
J0584					
<b>Cutaquig®</b>					
J1551					
<b>Daxxify®</b>					
J0589					
<b>Elaprase®</b>					
J1743					
<b>Elevidys™</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)		J1413		
		<b>Elfabrio®</b>		
		J2508		
		<b>Enjaymo™</b>		
		J1302		
		<b>Entyvio®</b>		
		J3380		
		<b>Evenity®</b>		
		J3111		
		<b>Evkeeza®</b>		
		J1305		
		<b>Exondys 51®</b>		
		J1428		
		<b>Eylea HD™</b>		
		J0177		
		<b>Fabrazyme®</b>		
		J0180		
		<b>Fasenra™</b>		
		J0517		
		<b>Fensolvi®</b>		
		J1951		
		<b>Feraheme®</b>		
		Q0138		
		<b>Firmagon®</b>		
		J9155		
		<b>Fylintra™</b>		
		Q5130		
		<b>Gamifant®</b>		
		J9210		
		<b>Glassia®</b>		
		J0257		
	<b>Givlaari®</b>			
	J0223			
	<b>Hemgenix™</b>			
	J1411			
	<b>Ilaris®</b>			
	J0638			
	<b>Ilumya™</b>			
	J3245			
	<b>Inflectra</b>			
	Q5103			
	<b>Injectafer®</b>			
	J1439			
	<b>Intravenous immunoglobulin (IVIG)</b>	90283	90284	
		J1459	J1554	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
		<b>Izervay™</b>			
		J2782			
		<b>Kalbitor®</b>			
		J1290			
		<b>Kanuma®</b>			
		J2840			
		<b>Korsuva™</b>			
		J0879			
		<b>Krystexxa®</b>			
		J2507			
		<b>Lamzede®</b>			
		J0217			
		<b>Lanreotide</b>			
		J1932			
		<b>Lemtrada®</b>			
		J0202			
		<b>Leqembi™</b>			
		J0174			
		<b>Leqvio®</b>			
		J1306			
		<b>Lumizyme®</b>			
		J0221			
		<b>Lupron Depot®</b>			
		J1950			
		<b>Lupron Depot®, Eligard®</b>			
	J9217				
	<b>Luxturna®</b>				
	J3398				
	<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				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		<p><b>Octreotide acetate</b> J2354</p> <p><b>OmvoH™</b> J2267</p> <p><b>Onpattro®</b> J0222</p> <p><b>Orencia®</b> J0129</p> <p><b>Oxlumo®</b> J0224</p> <p><b>Panzyga®</b> J1576</p> <p><b>Parsabiv®</b> J0606</p> <p><b>Pombiliti™</b> J1203</p> <p><b>Prolastin®-C</b> J0256</p> <p><b>Prolia®</b> J0897</p> <p><b>Qalsody™</b> J1304</p> <p><b>Radicava®</b> J1301</p> <p><b>Reblozyl®</b> J0896</p> <p><b>Releuko®</b> Q5125</p> <p><b>Remicade®</b> J1745</p> <p><b>Renflexis®</b> Q5104</p> <p><b>Revcovi®</b> J3590</p> <p><b>Riabni™</b> Q5123</p> <p><b>Rituxan</b> J9312</p> <p><b>Rituxan Hycela®</b> J9311</p> <p><b>Roctavian™</b> J1412</p> <p><b>Ruconest®</b> J0596</p> <p><b>Ruxience®</b></p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Q5119				
	<b>Ryplazim®</b>				
	J2998				
	<b>Rystiggo™</b>				
	J9333				
	<b>Sandostatin® LAR</b>				
	J2353				
	<b>Saphnelo®</b>				
	J0491				
	<b>Scenesse®</b>				
	J7352				
	<b>Signifor LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Skyrizi®</b>				
	J2327				
	<b>Soliris®</b>				
	J1300				
	<b>Sodium hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Somatuline® Depot</b>				
	J1930				
	<b>Spevigo™</b>				
	J1747				
	<b>Spinraza®</b>				
	J2326				
	<b>Spravato®</b>				
	S0013				
	<b>Stelara®</b>				
	J3358				
<b>Supprelin® LA</b>					
J9226					
<b>Syfovre™</b>					
J2781					
<b>Synagis® *</b>					
90378					
<b>Tepezza®</b>					
J3241					
<b>Tezspire™</b>					
J2356					
<b>Therapeutic radiopharmaceuticals</b>					
A9513	A9590	A9606	A9607		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	A9699				
	<b>Tofidence</b>				
	Q5133				
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Trogarzo®</b>				
	J1746				
	<b>Truxima®</b>				
	Q5115				
	<b>Tyenne</b>				
	Q5135				
	<b>Tzield™</b>				
	J9381				
	<b>Unclassified and temporary codes**</b>				
	C9090	C9094	C9149	C9151	
	C9157	C9166	C9167	C9168	
	C9172	C9399	J3490	J3590	
	<b>Uplizna®</b>				
	J1823				
	<b>Ultomiris®</b>				
	J1303				
	<b>Intravitreal vascular endothelial growth factor (VEGF)</b>				
	J0178	J0179	J2777	J2778	
	J2779	Q5124	Q5128		
	<b>Veopoz™</b>				
	J9376				
	<b>Viltepso®</b>				
	J1427				
<b>Vimizim®</b>					
J1322					
<b>Vyepti®</b>					
J3032					
<b>Vyjuvek™</b>					
J3401					
<b>Vyondys 53®</b>					
J1429					
<b>Vyvgart®</b>					
J9332					
<b>Vyvgart® Hytrulo™</b>					
J9334					
<b>Xembify®</b>					
J1558					
<b>Xenpozyme®</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		J0218			
		<b>Xolair®*</b>			
		J2357			
		<b>Zemaira®</b>			
		J0256			
		<b>Zoladex®</b>			
		J9202			
		<b>Zolgensma®</b>			
		J3399			
		<b>Zymfentra</b>			
	J1748				
	Please check our <a href="#">Review at Launch for New to Market Medications</a> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <a href="#">Review at Launch Medication List</a> . Pre-determination is highly recommended for the drugs on the list.				
	* Please obtain prior authorization for Beqvez, Cimzia®, Synagis® and Xolair® through Optum Rx® Prior Authorization Line at 800-310-6826.				
	** For unclassified and temporary codes, C9090, C9094, C9151, C9157, C9166, C9167, C9168, C9172, C9399, J3490 and J3590 prior authorization is only required for Nulibry®, Rivfloza™, Vabysmo®.				
	For prior authorization, please submit requests using the <a href="#">UnitedHealthcare Provider Portal</a> . Or you can call <b>888-397-8129</b> .				
<b>Joint replacement</b>	Prior authorization required	24360	24361	24362	24363
Joint, total hip and knee replacement procedures		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
<b>Massage therapy</b>	Prior authorization required	97010	97112	97124	97140
<b>Musculoskeletal</b>	Prior authorization required	23470	23472	23473	23474
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b>	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and	L0170	L0456	L0462	L0464

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>	prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0480	L0482	L0484	L0486
		L0624	L0629	L0631	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	L1847	L1850	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2510	L2526
		L2627	L2628	L3230	L3649
		L3671	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	L4210
		L4350	L4392	L4394	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5280	L5301	L5321	L5331
		L5341	L5400	L5420	L5460
		L5530	L5535	L5540	L5560
		L5580	L5585	L5590	L5595
		L5600	L5610	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5646	L5647
		L5648	L5649	L5651	L5653
		L5661	L5673	L5682	L5700
		L5702	L5705	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5845	L5848
		L5857	L5858	L5930	L5950
L5960	L5961	L5962	L5964		
L5966	L5968	L5973	L5976		
L5979	L5980	L5981	L5982		
L5984	L5986	L5987	L5988		
L5990	L5999	L6000	L6010		



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		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	L6648	L6686	L6687
		L6689	L6690	L6692	L6693
		L6704	L6707	L6708	L6709
		L6715	L6880	L6881	L6882
		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			

**Outpatient therapy**      Prior authorization required

For prior authorization of the following evaluation and re-evaluation codes listed below:

- The request must be submitted by a primary care provider
- Please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal

70371	92521	92522	92523
92524	92597	92609	92610
92626	92627	92630	96105
97161	97162	97163	97164
97165	97166	97167	97168
S9152			

For prior authorization of the following outpatient therapy codes, please call OptumHealth Physical Health at 800-873-4575 or the notification number on the back of the member's health plan ID card.

92507	92508	92526	92633
97012	97014	97016	97018
97022	97024	97026	97028
97032	97033	97034	97035
97036	97039	97112	97113
97116	97139	97140	97150
97530	97533	97535	97537
97542	97545	97546	97750
97755	97760	97761	97799

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Outpatient therapy (cont.)</b>		97110*	G0129	G0281	G0282
		G0283	G0515	S8990	S9129
		S9131			
		Or billed with the following revenue codes:			
		419	420	421	422
		423	424	429	430
		431	432	433	434
		439	977	978	
		* Prior authorization is <u>not</u> required for place of service including member's home/12/bill type 3XX.			
<b>Potentially unproven services</b>	Prior authorization required	33289	C2624		
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53852
		55873	55874		
<b>Radiation therapy</b>	Prior authorization required	<b>Image-guided radiation therapy (IGRT)</b>			
		77014	77387	G6001	G6002
		<b>Intensity-modulated radiation therapy (IMRT)</b>			
		77385	77386		
		<b>Proton beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/associated services</b>			
		77331	77370	77399	77470
		<b>Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT)</b>			
		77371	77372	77373	
		<b>Standard radiation therapy (2D/3D)</b>			
		Prior authorization 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
Or billed with the following revenue codes:					
<b>Y90</b>					
Implantable beta-emitting microspheres for treatment of malignant tumors					
79445	S2095				
	Prior authorization required for participating physicians who request these advanced outpatient imaging 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 using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In at the top-right			
	• Certain CT, MRI, MRA				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<ul style="list-style-type: none"> <li>and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	corner. Or you can call <b>866-889-8054</b> . <ul style="list-style-type: none"> <li>For more details and the CPT codes that require prior authorization, please visit <a href="#">Radiology Prior Authorization and Notification Program</a></li> </ul>			
<b>Radiology</b>	Prior authorization required	0697T 0712T	0698T 0713T	0710T 75580	0711T
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Shoulder surgery</b>	Prior authorization required	29805 29820 29825	29806 29822 29826	29807 29823 29827	29819 29824 29828
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) — outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting  Prior authorization <u>not</u> required if performed at a participating ambulatory surgery center (ASC)	<b>Carpal tunnel surgery</b> 64721  <b>Cataract surgery</b> 66821          66982          66984  <b>Colonoscopy</b> 45378          45380          45384          45385  <b>Ear, nose and throat (ENT) procedures</b> 69436  <b>Gynecologic procedures</b> 57522          58558          58563  <b>Hernia repair</b> 49505  <b>Miscellaneous</b> 20680  <b>Ophthalmologic</b> 65426  <b>Tonsillectomy and adenoidectomy</b> 42820          42821          42825          42826 42830  <b>Upper and lower gastrointestinal endoscopy</b> 43235          43239          43249  <b>Urologic procedures</b> 52000          52005			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<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
		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	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	L8680	L8682	L8685
L8686	L8687	L8688			
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (idecaptivegene vicleucel), Breyanzi® (lisocabtagene maraleucel), Carvykti™ (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Lyfgenia™ (lovotibeglogene autotemcel), Tecartus® (brexucabtagene autoleucel), Yescarta® (axicabtagene ciloleucel) and Zynteglo™ (betibeglogene autotemcel), please call the Optum transplant team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Transplants (cont.)</b>		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	50547	J3393	J3394	
		S2060	S2061	S2152		
		<b>CAR T-cell therapy</b>				
			0537T	0538T	0539T	0540T
			J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2055	Q2056	
		* Code 38232 will only require prior authorization for an oncology diagnosis.				
		<b>Unclassified codes*</b>				
		C9399	J3490	J3590		
		*Amtagvi™, Casgevy™, Lantidra, Lenmeldy™.				
<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	
		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 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	