

# Prior Authorization Requirements for Wisconsin Medicaid

Effective Jan. 1, 2025

## General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Wisconsin health care professionals providing inpatient and outpatient services. Please submit your prior authorization 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 in 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).
- **Phone:** 877-651-6677

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

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 43848	43645 43842 43860	43659 43846	43770 43847
<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 when referring for mental health and substance abuse or substance use services.			
<b>Birth to age 3 program and in-school therapies</b>	Prior authorization is required for all therapies in lieu of or in addition to the birth to age 3 program or school-based treatments.				
<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 11971	19328 19350 19367 19371
<b>Cancer supportive care</b>	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents administered in an	<b>Injectable colony-stimulating factor drugs that require prior authorization:</b>  <b>Bio similar (Zarxio)</b> Q5101			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (cont.)	outpatient setting for a cancer diagnosis.	<b>Eflapegrastim-xnst (Rolvedon)</b> J1449	
		<b>Filgrastim (Neupogen)</b> J1442	
		<b>Filgrastim-aafi (Nivestym)</b> Q5110	
		<b>Filgrastim-ayow, (Releuko)</b> Q5125	
		<b>Pegfilgrastim (Neulasta)</b> J2506	
		<b>Pegfilgrastim-appgf, biosimilar (Nyvepria)</b> Q5122	
		<b>Pegfilgrastim-bmez (Ziextenzo)</b> Q5120	
		<b>Pegfilgrastim-cbqv (UDENYCA)</b> Q5111	
		<b>Pegfilgrastim-jmdb (Fulphila)</b> Q5108	
		<b>Sargramostim (Leukine)</b> J2820	
		<b>Tbo-filgrastim (Granix)</b> J1447	
		<b>Trilaciclib (Cosela)</b> J1448	
		<b><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u></b>	
		J0885	
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>	
		<b>Denosumab</b>	
		J0897	
		<b><u>Antiemetic codes That Require Prior Authorization</u></b>	
		J1456	
		Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="https://uhcprovider.com">UHCprovider.com</a> to sign in. Or, you can call <b>888-397-8129</b> .	

Cardiovascular	Prior authorization is required for lower extremities angiogram only	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580*	
		*Prior authorization is required for the following diagnosis codes:			
		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		

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (cont.)</b>		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			

**Chemotherapy**

Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis. (Dx)

**Injectable chemotherapy drugs that require prior authorization:**

Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide Acetate (J1954), Lanreotide (J1932)

- 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

Please submit requests online using the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) to sign in. Or, you can call **888-397-8129**.

<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech					
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A9276	A9277	A9278	A4239
		E2102	E2103		
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	14061*	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
	21182	21183	21184	21230	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive (cont.)</b>		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
Reconstructive procedures that either treat a medical condition or improve or restore physiologic function		Q2026	14020*	14021*	
		*Effective May. 1, 2023 – Codes 14020, 14021 and 14061 do NOT require a prior auth when billed with a Dx code below.			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive (cont.)</b>		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 is required only for DME codes listed with a retail purchase or a cumulative rental cost of more than \$500.  Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold – see Home health care.	A9900	E0194	E0265	E0266
		E0277	E0328	E0329	E0445
		E0457	E0465	E0466	E0470
		E0471	E0483	E0486	E0652
		E0656	E0669	E0745	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1007	E1008
		E1009	E1010	E1030	E1036
		E1825	E2227	E2228	E2230
		E2310	E2311	E2322	E2325
		E2327	E2329	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	S1040	T1999	V2786		
V5274	V5281				
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4035	B4036	B4102	B4103
		B4104	B9002		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	29914	29915	29916	33477
		36514	64722	65765	65767
		66180	A9274	E1831	S0810
		S9990	S9991		
<b>Femoroacetabular impingement syndrome (FAI) (cont.)</b>	Prior authorization required	29914	29915	29916	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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 <b>surgical codes</b> with the following			
		<b>Dx codes:</b>			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14020	14021
		14040	14041	14060	14301
		14302	15734	15738	15750
		15757	15758	19303	53410
		53430	54125	54520	54660
		54690	55175	55180	55970
		55980	56625	56800	56805
		57110	57335	58661	58720
58940	64856	64892	64896		
Genetic and molecular testing to include BRCA	Prior authorization required	81162	81163	81164	81228
		81229	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81413	81414	81420	81431
		81437	81439	81440	81460
		81465	81479	81507	81518
		81519	81546	81595	81599
		87505	87506	87507	81267
81268	81331	81364			
Home health care	Prior authorization is required only in outpatient settings, to include member's home	99504	99600	G0299	S9123
		S9124	T1021		
		*Prior authorization is not required for Place of Service Hospice/Bill Type 81X or 82X.			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
58570	58571	58572	58573		
Incontinence supplies	Prior authorization required	T4542			
Injectable medications	Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> to sign in. Or, you can call 888-	<b>Adakveo</b>			
		J0791			
		<b>Aduhelm</b>			
		J0172			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont.)	397-8129.	<b>Adzynma</b>
		J7171
		<b>Aldurazyme</b>
		J1931
		<b>Amvuttra</b>
		J0225
		<b>Aralast NP, Prolastin – C, Zemaira</b>
		J0256
		<b>Amondys-45</b>
		J1426
		<b>Apretude</b>
		J0739
		<b>Benlysta</b>
		J0490
		<b>Beovu</b>
		J0179
		<b>Beqvez</b>
		J1414
		<b>Berinert</b>
		J0597
		<b>Briumvi</b>
		J2329
		<b>Byooviz</b>
		Q5124
		<b>Cimerli</b>
		Q5128
		<b>Cimzia</b>
		J0717
		<b>Cinryze</b>
		J0598
		<b>Cosentyx</b>
		J3247
<b>Cutaquig</b>		
J1551		
<b>Elaprase</b>		
J1743		
<b>Elfabrio</b>		
J2508		
<b>Enjaymo</b>		
J1302		
<b>Evkeeza</b>		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont.)		J1305
		<b>Eylea HD</b>
		J0177
		<b>Eylea</b>
		J0178
		<b>Fabrazyme</b>
		J0180
		<b>Fensolvi</b>
		J1951
		<b>Feraheme</b>
		Q0138
		<b>Firmagon</b>
		J9155
		<b>Fynetra</b>
		Q5130
		<b>Givlaari</b>
		J0223
		<b>Glassia</b>
		J0257
		<b>Hemgenix</b>
		J1411
		<b>Injectafer</b>
		J1439
		<b>Izervay</b>
		J2782
		<b>Kalbitor</b>
		J1290
	<b>Kanuma</b>	
	J2840	
	<b>Kisunla</b>	
	J0175	
	<b>Korsuva</b>	
	J0879	
	<b>Krystexxa</b>	
	J2507	
	<b>Lamzede</b>	
	J0217	
	<b>Lanreotide</b>	
	J1932	
	<b>Leqembi****</b>	
	J0174	

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

**Leqvio**  
 J1306  
**Lucentis**  
 J2778  
**Lumizyme**  
 J0221  
**Lupron Depot**  
 J1950  
**Lupron Depot, Eligard**  
 J9217  
**Monoferric**  
 J1437  
**Naglazyme**  
 J1458  
**Nexviazyme**  
 J0219  
**Nplate**  
 J2802  
**Octreotide Acetate**  
 J2354  
**OmvoH**  
 J2267  
**Oxlumo**  
 J0224  
**Pombiliti**  
 J1203  
**Prolia\*\*\***  
 J0897  
**Qalsody**  
 J1304  
**Riabni**  
 Q5123  
**Reblozyl**  
 J0896  
**Releuko**  
 Q5125  
**Rituxan**  
 J9312  
**Rituxan Hycela**  
 J9311  
**Roctavian**

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

	J1412				
	<b>Ruconest</b>				
	J0596				
	<b>Ruxience</b>				
	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>Skyrizi</b>				
	J2327				
	<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Somatuline Depot</b>				
	J1930				
	<b>Spevigo</b>				
	J1747				
	<b>Stelara</b>				
	J3358				
	<b>Supprelin LA</b>				
	J9226				
	<b>Susvimo</b>				
	J2779				
	<b>Syfovre</b>				
	J2781				
	<b>Tepezza</b>				
	J3241				
	<b>Tezspire</b>				
	J2356				
	<b>Therapeutic Radiopharmaceuticals*</b>				
	A9513	A9590	A9606	A9699	
	A9607				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (cont.)		Tofidence*****			
		Q5133			
		Trelstar			
		J3315			
		Triptodur			
		J3316			
		Truxima			
		Q5115			
		Tyenne*****			
		Q5135			
		Tzield			
		J9381			
		Unclassified codes**			
		J3490	J3590	C9399	C9172
		Uplizna			
		J1823			
		Vabysmo			
		J2777			
		Veopoz			
		J9376			
		Viltepso			
		J1427			
		Vimizim			
		J1322			
		Vyepiti			
		J3032			
		Vyjuvek			
		J3401			
		Vyondys 53			
		J1429			
		Vyvgart			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Xenpozyme			
		J0218			
		Xolair			
		J2357			
		Zoladex			
		J9202			

\* Please submit requests online using the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) to sign in. Or, you can

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Injectable medications (cont.)</b>		call <b>888-397-8129</b> . ** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is required for Amondys 45 (casimersen), Casgevy, Lantidra, Revcovi, Rivfloza, Ryplazim, and Viltipso. Effective April. 1, 2024 – Adzynma only use temp codes J3490, J3590, C9167. **Effective Oct. 1, 2024: code C9172, prior authorization is only required for Beqvez. ***Effective Jan. 1, 2023 Prior authorization required for J0897 for non oncology Dx. **** Effective Aug. 1, 2023 Prior authorization required for J0174. *****Effective Oct. 1, 2024: Prior authorization required for Q5133, and Q5135.			
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<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	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 To request prior authorization for transportation, please call Medical Transportation Management at <b>866-907-1493</b> .	S9960	S9961		
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<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
		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 is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1832	L1834	L1840

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L1844	L1845	L1846	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2060	L2106
		L2108	L2126	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	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	L5930	L5950	L5960
		L5961	L5962	L5964	L5966
		L5968	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	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
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L6687	L6689	L6690	L6692
		L6693	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	L7185
		L7186	L7190	L7191	L7405
		L8040	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
		L8610	L8612	L1820	
Pain injections and management	Prior authorization required	64490	64493		
Personal care service	Prior authorization required	T1019			
Private duty nursing	Prior authorization required	T1001	T1002	T1003	
Prostate procedures	Prior authorization required	52441 55873	52442	53850	53852
Radiation therapy	Prior authorization required	<b>IGRT</b>			
		77014	77387	G6001	G6002
		<b>IMRT</b>			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		<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>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		
<b>Y90</b>					
Implantable Beta-Emitting Microspheres for treatment of malignant tumors					
79445	S2095				

Please submit requests online using the UnitedHealthcare

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiation therapy (cont.)</b>		Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> to sign in. Or, you can call <b>866-889-8054</b> .			
<b>Radiology</b>	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> to sign in. Or, you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="#">Radiology Prior Authorization and Notification Program</a>.</p>			
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
Treatment of nasal functional impairment and septal deviation		30465			
<b>Shoulder surgery</b>	Prior authorization required	<b>Musculoskeletal System</b>			
	SOS applies to all codes in this category	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	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	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont.)		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	E0760	
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
	L8685	L8686	L8687	L8688	
<b>Transcranial Magnetic Stimulation (TMS)</b>	Prior authorization required	90867	90868		
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma (Idecaptagene Cicleucel), Breyanzi (Lisocabtagene Maralucecl), 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
		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	J3392	J3393	J3394
		C9399**	J3490**	J3590**	J9999**
		Q2041	Q2042	Q2056	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (cont.)</b>		<b>Gene therapy</b> J3490****      J3590****      C9399****			
<p>*Code 38232 will only require prior authorization for an oncology diagnosis.            **For unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma and Breyanzi.            **** For Unclassified codes J3490, J3590, and C9399, Amtagvi, Lenmeldy, Skysona, and Tecelra will require Prior Authorization through Optum Transplant.</p>					
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at <b>855-282-8929</b> .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			