

Prior authorization requirements for UnitedHealthcare Community Plan of Pennsylvania

Effective July 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Pennsylvania health care professionals providing inpatient and outpatient services.

Please submit your request 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** 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**.
- **Phone:** Call **888-702-2202**

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
	required				
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis *Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.	<u>Antiemetics</u>			
		J1434			
		J2468			
		Fosaprepitant, 1 mg (Emend for Injection) J1453			
		Fosnetupitant 235 mg and palonosetron 0.25 mg J1454			
		Fosaprepitant (Teva) J1456			
		Granisetron, extended-release J1627			
		<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Aprepitant (Cinvanti®) J0185			
		Eflapegrastim-xnst (Rolvedon®) J1449			
		Filgrastim (Neupogen®) J1442*			
		Filgrastim-aafi (Nivestym™) Q5110*			
		Filgrastim-ayow (Releuko®) Q5125*			
		Filgrastim-sndz (Zarxio®)			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Cancer supportive care (cont.)		Q5101* Pegfilgrastim (Neulasta®) J2506* Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122* Pegfilgrastim-bmez (Ziextenzo®) Q5120* Pegfilgrastim-cbqv (UDENYCA™) Q5111* Pegfilgrastim-jmdb (Fulphila™) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela®) J1448* <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva®) J0897 <u>Erythropoiesis-Stimulating Agents</u> J0885 <u>Therapeutic Radiopharmaceuticals</u> A9615 Please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and sign in. Select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.
Cardiology	Prior authorization required for participating	For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. To get

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
	physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance	started, go to UHCprovider.com. You can also call 866-889-8054. For more details and the list of CPT codes requiring prior authorization, please visit UHCprovider.com/PAcommunityplan>Prior Authorization and Notification Resources>Cardiology Prior Authorization and Notification Program			
Cardiovascular	Prior authorization required for the codes listed.	0569T	0570T	93580	
		* Prior authorization not 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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		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
		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			
Cerebral seizure	Prior authorization	95700	95711	95712	95713

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
monitoring – Inpatient video Electroencephalogram (EEG)	required for inpatient services	95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or ambulatory surgical center				
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	Injectable chemotherapy drugs that require prior authorization: - Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) - Chemotherapy injectable drugs that have a Q code - Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com . After signing in, select Prior Authorization and Notification on your dashboard. Or, you can call 888 397 8129 .			
Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69930	L8614
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
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A4238	A4239	A9276*
		A9277*	A9278*	E0787	E2102
		E2103			
		*This code is for a product that is not reimbursable on the medical benefit. Requests for this product need to be submitted to OptumRx. Please contact the OptumRx Help Desk at 800-711-4555 for more information.			
Cosmetic and reconstructive	Prior authorization required	11960	14020**	14021**	14061**
Cosmetic procedures that change or improve		15820	15821	15822	15823
		15830	15847	15877	15878*
		15879*	17106	17107	17108

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
physical appearance	17999	21137	21138	21139
without significantly	21172	21175	21179	21180
improving or restoring	21181	21182	21183	21184
physiological function	21230	21235	21256	21275
Reconstructive	21280	21282	21295	21740
procedures that treat a	21742	21743	28344	30620
medical condition	67900	67901	67902	67903
or improve or restore	67904	67906	67908	67909
physiologic function	67911	67912	67914	67915
	67916	67917	67921	67922
	67923	67924	67950	67961
	67966	Q2026		

*Gender Dysphoria may apply

** Prior authorization not required when billed with the following diagnosis codes:

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		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	
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0460	E0465	E0466
		E0470	E0471	E0483	E0486
		E0620	E0636	E0637	E0652
	Prosthetics are not DME – See orthotics and prosthetics	E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
		E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1825
		E2100	E2227	E2228	E2230
		E2298	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0812
		K0830	K0831	K0848	K0849
		K0850	K0851	K0852	K0853
		K0854	K0855	K0856	K0857

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		K0858	K0859	K0860	K0861
		K0862	K0863	K0864	K0868
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040	T1999	T5999	V2786
		V5269	V5270	V5271	V5272
		V5274	V5281	V5282	V5283
		V5286	V5287	V5288	V5290
Enteral services	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A6000
		A9274	E0231	E1831	S0810
		S1030	S1031	S2102	S9988
		S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29916			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes , with the following DX codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		11950	11951	11952	11954
		11980	14000	14001	14041
		15734	15738	15750	15757
		15758	15775	15776	15777
		15780	15781	15782	15783
		15787	15788	15789	15792
		15793	15824	15825	15826
		15828	15829	15832	15833
		15834	15835	15836	15837
		15838	15839	15876	17380
		19303	21083	21087	21120
		21122	21173	21270	21899
		31599	31750	31899	45399
		45999	53410	53430	54125

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Gender dysphoria treatment (cont.)		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58541	58554
		58661	58720	58940	58999
		64856	64892	64896	69300
		90785	96372		
Genetic and molecular testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.	81163	81164	81228	81229
	Health care professionals 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 CPT codes registered with the Genetic and molecular testing prior authorization/notification program for each specified genetic test.	81277	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81431	81435
		81437	81439	81440	81445
		81448	81460	81465	81479
		81518	81519	81520	81521
		81522	81546	81558	81595
		81599	87505	87506	0018U
		0022U	0023U	0026U	0037U
		0047U	0048U	0050U	0055U
		0087U	0088U	0094U	0101U
		0102U	0103U	0111U	0114U
		0118U	0129U	0154U	0170U
		0171U	0179U	0209U	0211U
		0212U	0213U	0214U	0215U
		0216U	0217U	0218U	0233U
		0237U	0238U	0239U	0242U
		0244U	0245U	0250U	0258U
		0265U	0268U	0269U	0270U
	Notification/prior authorization is required for BRCA testing before DNA sequencing is performed.	0271U	0272U	0273U	0274U
		0276U	0277U	0278U	0282U
		0285U	0286U	0288U	0289U
		0290U	0291U	0292U	0293U
		0294U	0306U	0307U	0318U
		0319U	0320U	0326U	0334U
	The ordering health care professional must notify the laboratory conducting the test, and the lab will notify UnitedHealthcare.	0355U	0364U	0378U	0379U
		0388U	0389U	0391U	0395U
		0398U	0409U	0417U	0425U
		0426U	0437U	0444U	0449U
		0465U	0471U	0473U	0474U
		0475U	0478U	0480U	0481U
		0483U	0484U	0485U	0487U
		0493U	0499U	0500U	0502U
		0504U	0505U	0506U	0508U
		0509U	0523U	0529U	0530U
		0536U	0538U	0539U	0540U
		0543U	0544U	0552U	0554U

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic and molecular testing (cont.)		0562U	0567U	0571U	81349
		81425	81426	81427	81441
		81443	81449	81450	81451
		81455	81457	81458	81459
		81462	81463	81464	81471
		81523	81541	81542	81552
		S3854	S3865	S3870	
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
Hospice	Prior authorization required	T2045			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
Human milk bank	Prior authorization required	T2101			
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0801			
		Adakveo®			
		J0791			
		Advate, Kogenate FS, Reombinate			
		J7192			
		Adynovate			
		J7207			
		Adzynma			
		J7171			
		Afstyla			
		J7210			
		Aldurazyme®			
		J1931			
		Alhemo			
		J7173			
		Alphanate			
		J7186			
		AlphaNine SD, Mononine			
		J7193			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	Alprolix				
	J7201				
	Altuviio				
	J7214				
	Amondys 45				
	J1426				
	Amvuttra™				
	J0225				
	Aralast® NP, Prolastin-C®, Zemaira®				
	J0256				
	Aranesp				
	J0881				
	Arcalyst				
	J2793				
	Aveed				
	J3145				
	Avsola™				
	Q5121				
	Avtozma				
	Q5156				
	Azmiro				
	J1072				
	Benefix, Ixinity				
	J7195				
	Benlysta				
	J0490				
	Beovu				
	J0179				
	Beqvez				
	J1414				
	Berinert				
	J0597				
	Bildyos				
	Q5162				
	Bkemv				
	Q5152				
	Boniva (ibandronate)				
	J1740				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Brineura™				
	J0567				
	Briumvi®				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J2329
		Byooviz
		Q5124
		Cerezyme®
		J1786
		Chlorpromazine
		J3230
		Cimerli®
		Q5128
		Cimzia®*
		J0717
		Cinqair®
		J2786
		Cinryze®
		J0598
		Coagadex
		J7175
		Conexxence
		Q5158
		Corifact
		J7180
		Cortrophin® Gel
		J0802
		Cosentyx IV
		J3247
		Crysvita®
		J0584
		Cutaquig®
		J1551
		Daxxify
		J0589
		Depo-Testosterone (testosterone cypionate)
		J1071
		Dimenhydrinate
		J1240
		Durolane
		J7318
		Elaprase®
		J1743
		Elelyso®
		J3060
		Elevidys
		J1413

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)	Elfabrio	
	J2508	
	Eloctate	
	J7205	
	Encelto	
	J3403	
	Enjaymo™	
	J1302	
	Entyvio®	
	J3380	
	Epogen, Procrit	
	J0885	
	Epysqli	
	Q5151	
	Esperoct	
	J7204	
	Euflexxa	
	J7323	
	Evenity™	
	J3111	
	Evkeeza™	
	J1305	
	Exondys 51™	
	J1428	
	Eylea	
	J0178	
	Eylea HD	
	J0177	
	Fabrazyme®	
	J0180	
	Fasenra™	
	J0517	
	Feiba NF	
	J7198	
	Fensolvi®	
	J1951	
	Feraheme®	
	Q0138	
	Fibryga	
	J7177	
	Firmagon®	
	J9155	
	Fluphenazine	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J2679 Fynetra® Q5130 Gamifant® J9210 Gazyva J9301 Gelsyn-3 J7328 Geodon (ziprasidone mesylate) J3486 Givlaari® J0223 Glassia J0257 Haloperidol Decanoate J1631 Hemgenix® J1411 Hemlibra J7170 Hemophilia clotting factor, not otherwise classified J7199 Humate-P J7187 Hympavzi J7172 Idelvion J7202 Ilaris® J0638 Ilumya™ J3245 Imaavy J9256 Imuldosa IV Q5098 Inflectra® Q5103 Injectafer® J1439 Itvisma J3405

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Injectable medications (cont.)	IVIG			
	90283	90284	J1459	J1552
	J1553	J1554	J1555	J1556
	J1557	J1559	J1561	J1566
	J1568	J1569	J1572	J1575
	J1599			
	Ixinity			
	J7213			
	Izervay			
	J2782			
	Jivi			
	J7208			
	Jubbonti-Wyost			
	Q5136			
	Kalbitor®			
	J1290			
	Kanuma®			
	J2840			
	Kisunla			
	J0175			
	Koate, Hemofil M			
	J7190			
	Kovaltry			
	J7211			
	Korsuva®			
	J0879			
	Krystexxa®			
	J2507			
	Lamzede®			
	J0217			
	Lanreotide			
	J1932			
	Lemtrada®			
	J0202			
	Leqembi®			
	J0174			
	Leqvio®			
	J1306			
	Lucentis			
	J2778			
	Lumizyme®			
	J0221			
	Lupron Depot®			
	J1950			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)	Lupron Depot, Eligard®	J9217
	Lutrate-Depot	J1954
	Luxturna™nolibry	J3398
	Mepsevii®	J3397
	Miacalcin (calcitonin)	J0630
	Mircera	J0888
	Monoferri®	J1437
	Naglazyme®	J1458
	Nexviazyme®	J0219
	Niktimvo	J9038
	Novoeight	J7182
	NovoSeven RT	J7189
	Nplate®	J2802
	Nucala®	J2182
	Nolibry	J1809
	Nuwiq	J7209
	Nypozi	Q5148
	Obizur	J7188
	Ocrevus™	J2350
	Ocrevus Zunuvo	J2351
	Octreotide Acetate	J2354
	Omvoh IV	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J2267
		Onpattro™
		J0222
		Orencia®
		J0129
		Otulf IV
		Q9999
		Oxlumo™
		J0224
		Panzyga®
		J1576
		Papzimeos
		J3404
		Parsabiv™
		J0606
		Pavblu
		Q5147
		Phenergan (promethazine)
		J2550
		PiaSky
		J1307
		Pombiliti
		J1203
		Profilnine
		J7194
		Prolia®
		J0897
		Pyzchiva IV
		Q9997
		Qalsody™
		J1304
		Qfitlia
		J7174
		Radicava®
		J1301
		Rebinyn
		J7203
		Reblozyl®
		J0896
		Reclast, Zoledronic Acid
		J3489
		Releuko®
		Q5125

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Remicade®
		J1745
		Renflexis®
		Q5104
		Retacrit
		Q5106
		Riabni™
		Q5123
		RiaSTAP
		J7178
		Rituxan®
		J9312
		Rituxan Hycela®
		J9311
		Rixubis
		J7200
		Roctavian
		J1412
		Rolvedon™
		J1449
		Ruconest®
		J0596
		Ruxience®
		Q5119
		Ryplazim®
		J2998
		Rystiggo
		J9333
		Sandostatin® LAR
		J2353
		Saphnelo®
		J0491
		Scenesse®
		J7352
		Selarsdi
		Q9998
		SevenFACT
		J7212
		Signifor® LAR
		J2502
		Simponi Aria®
		J1602
		Starjemza

Procedures and services	Additional information				CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)	Q5164				
	Skyrizi®				
	J2327				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®				
	J1299				
	Somatuline® Depot				
	J1930				
	Spinraza™				
	J2326				
	Spravato®				
	J0013				
	Spevigo®				
	J1747				
	Stelara				
	J3358				
	Steqeyma IV				
	Q5099				
	Stimufend®				
	Q5127				
	Stoboclo				
	Q5157				
	Sublocade™				
	Q9991			Q9992	
	Sunlenca®				
	J1961				
	Supprelin® LA				
	J9226				
	Susvimo				
	J2779				
	Syfovre®				
	J2781				
	Synagis®				
	90378				
	Tepezza®				
	J3241				
	Testopel				
	J1073				
	Testosterone Enanthate				
	J3121				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization	
Injectable medications (cont.)	Tezspire™		
	J2356		
	Therapeutic radiopharmaceuticals		
	A9607		
	Tigan		
	J3250		
	Tofidence		
	Q5133		
	Trelstar®		
	J3315		
	Tremfya IV		
	J1628		
	Tretten		
	J7181		
	Triptodur®		
	J3316		
	Trogarzo™		
	J1746		
	Truxima®		
	Q5115		
	Tyenne		
	Q5135		
	Tysabri®		
	J2323		
	Tzield™		
	J9381		
	Ultomiris™		
	J1303		
	Unclassified codes**		
	C9399	J3490	J3590
	Uplizna®		
	J1823		
	Uzedy		
	J2799		
	Vabysmo		
	J2777		
	Veopoz		
	J9376		
	Viltepso™		
	J1427		
	Vimizim®		
	J1322		
	Visudyne		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	J3396				
	Vonvendi				
	J7179				
	VPRIV®				
	J3385				
	Vyepti™				
	J3032				
	Vyjuvek				
	J3401				
	Vyondys 53®				
	J1429				
	Vyvgart™				
	J9332				
	Vyvgart Hytrulo				
	J9334				
	Waskyra™				
	J3386				
	Wezlana IV				
	Q5138				
	White blood cell colony stimulating factors***				
	J1442	J1447	J1448	J2506	
	Q5101	Q5108	Q5110	Q5111	
	Q5120	Q5122			
	Wilate				
	J7183				
	Xembify®				
	J1558				
	Xenpozyme™				
	J0218				
	Xolair®				
	J2357				
	Xyntha				
	J7185				
	Yartemlea®				
	J1289				
	Yesintek IV				
	Q5100				
	Zinplava				
	J0565				
	Zoladex®				
	J9202				
	Zolgensma®				
	J3399				
	Zyprexa				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)	J2359	
	* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal at UHCprovider.com . Or, you can call 888-397-8129	
	** For unclassified and temporary codes C9151, C9160, C9172, C9399, J3490 and J3590, prior authorization is only required for Kabilidi, Rivfloza and Revcovi	
	Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our Review at Launch Medication List . Pre-determination is highly recommended for the drugs on the list.	

Inpatient admission	Notification required for admissions	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services:			
		• Acute care hospitals • Acute inpatient rehabilitation • Critical access hospitals • Long-term acute care hospitals • Skilled nursing facilities			

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		27120	27125	27130	27132
		27134	27137	27138	27412
		27446	27447	27486	27487
		29866	29867	29868	J7330
		S2112			

Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
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Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthognathic surgery (cont.)		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and Prosthetics (cont.)		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	L6055
		L6100	L6110	L6050	L6130
		L6200	L6205	L6120	L6300
		L6310	L6320	L6250	L6360
		L6370	L6380	L6350	L6384
		L6400	L6450	L6382	L6550
		L6570	L6580	L6500	L6584
		L6586	L6588	L6582	L6621
		L6623	L6624	L6590	L6648
		L6686	L6687	L6646	L6690
		L6692	L6693	L6689	L6695
		L6696	L6697	L6694	L6707
		L6708	L6709	L6704	L6712
		L6713	L6714	L6711	L6880
		L6881	L6882	L6715	L6884
		L6885	L6895	L6883	L6905
		L6910	L6915	L6900	L6925
		L6930	L6935	L6920	L6945
		L6950	L6955	L6940	L6965
		L6970	L6975	L6960	L7008
		L7009	L7040	L7007	L7170
		L7180	L7181	L7045	L7186
		L7190	L7191	L7185	L8040
		L8042	L8043	L7405	L8045
		L8046	L8047	L8044	L8609
		L8610	L8612	L8499	L8659
		L8631			
Pediatric day services (PDHC)	Prior authorization required	T1024			
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Potentially unproven services	Prior authorization required	33289	C2624		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: - Certain CT, MRI, MRA and PET scans - Nuclear medicine and nuclear cardiology procedures	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. To request prior authorization, please call 866-889-8054. For prior authorization, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and sign in at the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 866-889-8054. For more details and the CPT codes that require prior authorization, please see UHCprovider.com/PACommunityPlan>Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) – outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ASC	Auditory system 69205 Cardiovascular system 36590 36832 Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 Colonoscopy 45378 45380 45384 45385			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Site of service (SOS) – outpatient hospital (cont.)		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301	21552	21931	
		Digestive system			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Eye and ocular adnexa			
		65710	65820	66250	66710
		66711	66825	66986	66987
		66988	67010	67041	67042
		67105	67108	67113	67840
		68110	68115	68320	68720
		68815			
		Female genital system			
		57240	57250	57461	57520
		58561	58562		
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hemic and lymphatic system			
		38500	38510	38525	
		Hernia repair			
		49505	49650	49651	
		Integumentary system			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver biopsy			
		47000			
		Male genital system			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Site of service (SOS) – outpatient hospital (cont.)	54840			
	Miscellaneous			
	20680			
	Musculoskeletal system			
	20552	20553	21012	21013
	21336	21554	21555	21556
	21930	22902	22903	23071
	23075	24071	27327	27337
	27632	28035	28039	28041
	28060	28080	28090	28104
	28110	28118	28119	28124
	28285	28289	28292	28296
	28297	28298	28299	29806
	29807	29819	29822	29823
	29824	29825	29826	29827
	29828	29835	29845	29846
	29848	29861	29875	29876
	29877	29879	29880	29881
	29882	29888	29893	G0260
	Nervous system			
	64561	64640		
	Ophthalmologic			
	65426	65730	65855	66170
	66761	67028	67036	67040
	67228	67311	67312	
	Respiratory system			
	30802	30930	31525	31535
	31536	31541	31624	
	Tonsillectomy and adenoidectomy			
	42820	42821	42825	42826
	42830			
	Upper and lower gastrointestinal endoscopy			
	43235	43239	43249	
	Urinary System			
	52276	52287	52320	52344
	Urologic procedures			
	50590	52000	52005	52204
	52224	52234	52235	52260
	52281	52310	52332	52351
	52352	52353	52356	54161
	55040	57288		
Sleep apnea procedures and	Prior authorization required	21685	41599	42145

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
surgeries					
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514*	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	63003	63005	22899
		63001	63015	63016	63011
		63012	63030	63040	63017
		63020	63046	63047	63042
		63045	63056	63064	63050
		63055	63081	63085	63075
		63077	63101	63102	63087
		63090	63173	63185	63170
		63172	63200	63250	63190
		63191	63265	63267	63251
		63252	63271	63272	63268
		63270	63301	63302	63286
		63300	63305	63306	63303
		63304	0098T	63307	63308

*SOS also applies

Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Stimulators (cont.)		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene Maralucecl), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel), Yartemlea® (narsoplimab-wuug) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		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	J3387	J3389
		S2060	S2061	S2152	
		CAR T-Cell therapy			
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	
		Gene therapy			
		C9399**	J3391	J3392	J3393
		J3394	J3490**	J3590**	J3402
		Q2058			
		*Code 38232 will only require prior authorization for an oncology diagnosis **: For unclassified codes C9399, J3490 and J3590 Amtagvi and Lantidra will require prior authorization through Optum Transplant.			
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and		37718	37722	37765	37766

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37780			
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			