

# Prior Authorization Requirements for Pennsylvania CHIP Medicaid

Effective Jan. 1, 2023

## General Information

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

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** 800-600-9007
- **Fax:** 877-310-3826

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care, as identified below.**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Abortion</b>	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
<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 back of the member's health plan ID card when referring 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>BRCA genetic testing</b>	Prior authorization required	81162 81166 81433	81163 81212	81164 81216	81165 81432
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following	Prior authorization required	11971 19328 19350	19316 19330 19357	19318 19340 19361	19325 19342 19364

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
mastectomy		19367 19371	19368 19380	19369 19396	19370 L8600
<b>Cancer supportive care</b>	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See <a href="#">Injectable medications</a> section below.</p>	<p><b><u>Antiemetics</u></b></p> <p>Fosaprepitant, 1 mg (Emend for Injection) J1453</p> <p>Fosaprepitant (Teva) J1456</p> <p>Fosnetupitant 235 mg and palonosetron 0.25 mg J1454</p> <p>Granisetron, extended-release J1627</p> <p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-ayow (Releuko®) Q5125*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela®) J1448*</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care (continued)		<p><b><u>Bone-modifying agent that requires prior authorization:</u></b>  <b>Denosumab (Xgeva®)</b>  J0897</p> <p>Please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b><u>UHCprovider.com</u></b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p>			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b><u>UHCprovider.com</u></b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b><u>UHCprovider.com/PACcommunityplan</u></b> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program</p>			
Cardiovascular	Prior authorization required for the codes listed.	37220* 37226* 37230*	37221* 37227* 37231*	37224* 37228* 93580	37225* 37229*
		<p>* Prior authorization not required for the following diagnosis codes:</p>			
		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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		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 not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p>			
<b>Cochlear implants and other auditory implants</b>	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
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A9276	A9277	A9278
		E0787	A4239		
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	14020	14021	14061
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15820	15821	15822	15823
		15830	15847	15877	15878*
		15879*	17106	17107	17108
		17999	21137	21138	21139
Reconstructive procedures that treat a medical		21172	21175	21179	21180

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
condition or improve or restore physiologic function		21181	21182	21183	21184	
		21230	21235	21256	21275	
		21280	21282	21295	21740	
		21742	21743	28344	30620	
		67900	67901	67902	67903	
		67904	67906	67908	67909	
		67911	67912	67914	67915	
		67916	67917	67921	67922	
	Cosmetic and reconstructive (continued)		67923	67924	67950	67961
			67966	Q2026		

\*Gender Dysphoria may apply

<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	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0460	E0465	E0466
		E0470	E0471	E0483	E0486
		E0620	E0636	E0637	E0652
		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	
	E2300	E2301	E2310	E2311	
	E2322	E2325	E2327	E2329	
	E2331	E2351	E2373	E2510	
	E2511	E2512	E2599	E2626	
	E2627	E2628	E2629	E2630	
	E8000	E8001	E8002	K0005	
	K0008	K0013	K0108	K0812	
	K0830	K0831	K0848	K0849	
	K0850	K0851	K0852	K0853	
	K0854	K0855	K0856	K0857	
	K0858	K0859	K0860	K0861	
	K0862	K0863	K0864	K0868	
	K0869	K0870	K0871	K0877	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		S1040	T1999	T5999	V2786
		V5269	V5270	V5271	V5272
		V5274	V5281	V5282	V5283
		V5286	V5287	V5288	V5290
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	0191T	33477	36514	64722
		65765	65767	66180	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S2102
		S9988	S9990	S9991	
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29916			
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	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		
		11950	11951	11952	11954
		11980	14000	14001	14041
		15734	15738	15750	15757
		15758	15775	15776	15777
		15780	15781	15782	15783
		15787	15788	15789	15792
		15793	15819	15824	15825
		15826	15828	15829	15832
		15833	15834	15835	15836
		15837	15838	15839	15876
		17380	19303	21083	21087
		21120	21122	21173	21270
		21899	31599	31750	31899
		45399	45999	53410	53430
		54125	54520	54660	54690
		55175	55180	56625	56800
		56805	57110	57335	58541
		58554	58661	58720	58940

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		58999	64856	64892	64896
		69300	90785	96372	
<b>Genetic and molecular testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
	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.	81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81203
<b>Genetic and molecular testing (continued)</b>	CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81204	81205	81208	81209
		81212	81216	81218	81220
		81222	81223	81224	81225
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test, and the laboratory will notify UnitedHealthcare.	81226	81227	81228	81229
		81230	81231	81232	81233
		81234	81236	81237	81238
		81239	81240	81241	81242
		81243	81244	81245	81246
		81247	81248	81249	81250
		81251	81252	81253	81254
		81255	81256	81257	81258
		81259	81260	81261	81262
		81263	81264	81265	81266
		81267	81268	81269	81271
		81272	81273	81274	81276
		81277	81283	81284	81285
		81286	81287	81288	81289
		81290	81291	81292	81294
81295	81297	81298	81300		
81302	81303	81304	81305		
81306	81310	81312	81313		
81314	81315	81316	81317		
81318	81319	81320	81321		
81322	81323	81324	81325		
81326	81327	81328	81329		
81330	81331	81332	81333		
81334	81335	81336	81337		
81340	81341	81342	81343		
81344	81345	81346	81350		
81355	81361	81362	81363		
81364	81370	81371	81372		
81373	81375	81376	81377		
81378	81379	81380	81381		
81382	81383	81400	81401		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing (continued)</b>		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81413	81414
		81415	81416	81417	81430
		81431	81432	81433	81434
		81435	81436	81437	81438
		81439	81440	81442	81445
		81448	81460	81465	81470
		81471	81479	81518	81519
		81520	81521	81522	81546
		81595	81599	87481	87482
		87505	87506	87507	87510
		87511	87512	87623	87797
		87798	87799	87800	87801
		0001U	0004M	0012U	0013U
		0014U	0016U	0017U	0018U
		0022U	0023U	0026U	0027U
		0030U	0031U	0032U	0033U
		0034U	0040U	0046U	0049U
		0055U	0060U	0068U	0070U
		0071U	0072U	0073U	0074U
		0075U	0076U	0084U	0087U
		0088U	0097U	0129U	0171U
	0173U	0175U	0179U	0209U	
	0214U	0215U	0216U	0217U	
	0237U	0238U	0245U	0250U	
	0262U	0265U	S3870		
<b>Home health services</b>	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
<b>Hospice</b>	Prior authorization required	T2045			
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
<b>Injectable medications</b>	Prior authorization required*	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Advate, Kogenate FS, Reombinate</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J7192				
	<b>Adynovate</b>				
	J7207				
	<b>Aldurazyme®</b>				
	J1931				
	<b>Alphanate</b>				
	J7186				
	<b>AlphaNine SD, Mononine</b>				
	J7193				
	<b>Alprolix</b>				
	J7201				
	<b>Amondys 45</b>				
	J1426				
	Amvuttra™				
	J0225				
	Apretude				
	J0739				
	<b>Aralast® NP, Prolastin-C®, Zemaira®</b>				
	J0256				
	<b>Aranesp</b>				
	J0881				
	<b>Avsola™</b>				
	Q5121				
	Benefix, Ixinity				
	J7195				
	<b>Benlysta</b>				
	J0490				
	Beovu				
	J0179				
	<b>Berinert</b>				
	J0597				
	<b>Boniva (ibandronate)</b>				
	J1740				
<b>Botulinum toxins</b>					
J0585	J0586	J0587	J0588		
<b>Brineura™</b>					
J0567					
<b>Byooviz</b>					
Q5124					
<b>Cerezyme®</b>					
J1786					
<b>Chlorpromazine</b>					
J3230					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Injectable medications (continued)</b>		<b>Cimzia®*</b> J0717
		<b>Cinqair®</b> J2786
		<b>Cinryze®</b> J0598
		<b>Coagadex</b> J7175
		<b>Corifact</b> J7180
		<b>Crysvita®</b> J0584
		<b>Cutaquig®</b> J1551
		<b>Depo-Testosterone (testosterone cypionate)</b> J1070
		<b>Durolane</b> J7318
		<b>Elaprase®</b> J1743
		<b>Elelyso®</b> J3060
		<b>Eloctate</b> J7205
		<b>Enjaymo™</b> J1302
		<b>Entyvio®</b> J3380
		<b>Epogen, Procrit</b> J0885
		<b>Esperoct</b> J7204
		<b>Euflexxa</b> J7323
		Evenity™ J3111
		<b>Evkeeza™</b> J1305
		<b>Exondys 51™</b> J1428
		<b>Eylea</b> J0178

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Injectable medications (continued)</b>		<b>Fabrazyme®</b>
		J0180
		<b>Fasenra™</b>
		J0517
		<b>Feiba NF</b>
		J7198
		<b>Fensolvi®</b>
		J1951
		<b>Feraheme®</b>
		Q0138
		<b>Fibryga</b>
		J7177
		<b>Firmagon®</b>
		J9155
		<b>Fluphenazine Decanoate</b>
		J2680
		<b>Gamifant®</b>
		J9210
		<b>Gelsyn-3</b>
		J7328
		<b>Geodon (ziprasidone mesylate)</b>
		J3486
		<b>Givlaari®</b>
		J0223
		<b>Glassia</b>
		J0257
		<b>Haloperidol Decanoate</b>
		J1631
		<b>Hemlibra</b>
		J7170
	<b>Hemophilia clotting factor, not otherwise classified</b>	
	J7199	
	<b>Humate-P</b>	
	J7187	
	<b>Idelvion</b>	
	J7202	
	<b>Ilaris®</b>	
	J0638	
	<b>Ilumya™</b>	
	J3245	
	<b>Inflectra®</b>	
	Q5103	
	<b>Injectafer®</b>	
	J1439	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>	<b>IVIG</b>	90283	90284	J1459	J1554
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	<b>Jivi</b>				
	J7208				
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Koate, Hemofil M</b>				
	J7190				
	<b>Kovaltry</b>				
	J7211				
	<b>Korsuva®</b>				
	J0879				
	<b>Krystexxa®</b>				
	J2507				
	<b>Lemtrada®</b>				
	J0202				
	<b>Leqvio®</b>				
	J1306				
	<b>Lucentis</b>				
	J2778				
	<b>Lumizyme®</b>				
	J0221				
	<b>Lupron Depot®</b>				
	J1950				
	<b>Lupron Depot, Eligard®</b>				
	J9217				
	<b>Luxturna™</b>				
	J3398				
	<b>Makena®</b>				
	J1726	J1729	J2675		
<b>Mepsevii®</b>					
J3397					
<b>Miacalcin (calcitonin)</b>					
J0630					
<b>Mircera</b>					
J0888					
<b>Monoferric®</b>					
J1437					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Injectable medications (continued)</b>		<b>Naglazyme®</b>
		J1458
		<b>Nexviazyme®</b>
		J0219
		<b>Novoeight</b>
		J7182
		<b>NovoSeven RT</b>
		J7189
		<b>Nplate®</b>
		J2796
		<b>Nucala®</b>
		J2182
		<b>Nuwiq</b>
		J7209
		<b>Obizur</b>
		J7188
		<b>Ocrevus™</b>
		J2350
		<b>Octreotide Acetate</b>
		J2354
		<b>Onpattro™</b>
		J0222
		<b>Orencia®</b>
		J0129
		<b>Oxlumo™</b>
		J0224
		<b>Parsabiv™</b>
		J0606
	<b>Probuphine®</b>	
	J0570	
	<b>Profilnine</b>	
	J7194	
	<b>Prolia® ***</b>	
	J0897	
	<b>Radicava®</b>	
	J1301	
	<b>Rebinyn</b>	
	J7203	
	<b>Reblozyl®</b>	
	J0896	
	<b>Releuko®</b>	
	Q5125	
	<b>Remicade®</b>	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J1745				
	<b>Renflexis®</b>				
	Q5104				
	<b>Retacrit</b>				
	Q5106				
	<b>Riabni™</b>				
	Q5123				
	<b>RiaSTAP</b>				
	J7178				
	<b>Rituxan®</b>				
	J9312				
	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Rixubis</b>				
	J7200				
	<b>Ruconest®</b>				
	J0596				
	<b>Ruxience®</b>				
	Q5119				
	<b>Ryplazim®</b>				
	J2998				
	<b>Sandostatin® LAR</b>				
	J2353				
	<b>Saphnelo®</b>				
	J0491				
	<b>Scenesse®</b>				
	J7352				
	<b>SevenFACT</b>				
	J7212				
	<b>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
<b>Skyrizi®</b>					
J2327					
Sodium Hyaluronate					
J7320	J7321	J7322	J7324		
J7325	J7326	J7327	J7329		
J7331	J7332				
<b>Soliris®</b>					
J1300					
<b>Somatuline® Depot</b>					
J1930					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)	<b>Spinraza™</b>	J2326		
	<b>Spravato®</b>	S0013		
	<b>Stelara</b>	J3358		
	<b>Sublocade™</b>	Q9991	Q9992	
	<b>Supprelin® LA</b>	J9226		
	<b>Susvimo</b>	J2779		
	<b>Synagis®*</b>	90378		
	<b>Tepezza®</b>	J3241		
	<b>Testopel</b>	S0189		
	<b>Testosterone Enanthate</b>	J3121		
	<b>Tezspire™</b>	J2356		
	<b>Therapeutic Radiopharmaceuticals</b>	A9607		
	<b>Trelstar®</b>	J3315		
	<b>Tretten</b>	J7181		
	<b>Triptodur®</b>	J3316		
	<b>Trogarzo™</b>	J1746		
	<b>Truxima®</b>	Q5115		
	<b>Tysabri®</b>	J2323		
	<b>Ultomiris™</b>	J1303		
	<b>Unclassified codes**</b>	C9399	J3490	J3590
	<b>Uplizna®</b>	J1823		
	<b>Vabysmo</b>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J2777			
	<b>Viltepso™</b>				
		J1427			
	<b>Vimizim®</b>				
		J1322			
	<b>Visudyne</b>				
		J3396			
	<b>Vonvendi</b>				
		J7179			
	<b>VPRIV®</b>				
		J3385			
	<b>Vyepti™</b>				
		J3032			
	<b>Vyondys 53®</b>				
		J1429			
	<b>Vyvgart™</b>				
		J9332			
	<b>White blood cell colony stimulating factors***</b>				
		J1442	J1447	J1448	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122		
	<b>Wilate</b>				
		J7183			
	<b>Xembify®</b>				
		J1558			
	<b>Xolair®</b>				
		J2357			
	<b>Xyntha</b>				
	J7185				
<b>Zinplava</b>					
	J0565				
<b>Zoladex®</b>					
	J9202				
<b>Zolgensma®</b>					
	J3399				
<b>Zyprexa (olanzapine)</b>					
	S0166				
<p data-bbox="732 1787 1425 1862">*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.</p>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		<p>** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Fynetra®, Nulibry, Purified Cortrophin™ Gel, Revcovi, Spevigo™ and Xenpozyme™</p> <p>*** For code J0897, prior authorization is required for non oncology indications.</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p>			
<b>Inpatient admission</b>	Notification required for admissions	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27130 27138 27486 29868	23472 24361 24371 27132 27412 27487 J7330	23473 24362 27120 27134 27446 29866 S2112	23474 24363 27125 27137 27447 29867
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112 L0464 L0486 L0632	L0170 L0480 L0624 L0634	L0456 L0482 L0629 L0636	L0462 L0484 L0631 L0637

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		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

**Orthotics and prosthetics  
(continued)**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	L8040
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8609
		L8610	L8612	L8631	L8659
<b>Pediatric day services (PDHC)</b>	Prior authorization required	T1024			
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> </ul>	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. To request prior authorization, please call <b>866-889-8054</b> .  For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on the			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<ul style="list-style-type: none"> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <a href="https://uhcprovider.com/PAcommunityplan">UHCprovider.com/PAcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) –</b>	Prior authorization only required when requesting service in an outpatient hospital setting  Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Auditory System</b>			
		69205			
		<b>Cardiovascular System</b>			
		36590	36832		
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	
		<b>Colonoscopy</b>			
		45378	45380	45384	45385
		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive System</b>			
		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	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
<b>Site of service (SOS) – outpatient hospital (continued)</b>		<b>Eye and Ocular Adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	66987

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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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	
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**Hernia repair**

49505	49585	49587	49650
49651	49652	49653	49654
49655			

**Integumentary System**

10121	11440	11450	11624
11770	13121	15100	15120
15240	19020	19120	19125

**Liver biopsy**

47000			
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**Male Genital System**

54840			
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**Miscellaneous**

20680			
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**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	29840	29845
29846	29848	29861	29875
29876	29877	29879	29880
29881	29882	29888	29893

G0260

Site of service (SOS) –  
outpatient hospital  
(continued)

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Nervous System**

64561 64640

**Ophthalmologic**

65426 65730 65855 66170

66761 67028 67036 67040

67228 67311 67312

**Respiratory System**

30802 30930 31525 31535

31536 31541 31624

**Tonsillectomy and adenoidectomy**

42820 42821 42825 42826

42830

**Upper and lower gastrointestinal endoscopy**

43235 43239 43249

**Urinary System**

52276 52287 52320 52344

**Urologic procedures**

50590 52000 52005 52204

52224 52234 52235 52260

52281 52310 52332 52351

52352 52353 52356 54161

55040 55700 57288

**Sleep apnea procedures and surgeries**

Prior authorization required

21685 41599 42145

Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea

**Spinal surgery**

Prior authorization required

22100 22101 22102 22110

22112 22114 22206 22207

22210 22212 22214 22220

22224 22510 22511 22512

22513 22514\* 22515 22532

22533 22548 22551 22554

22556 22558 22586 22590

22595 22600 22610 22612

22630 22633 22800 22802

22804 22808 22810 22812

22818 22819 22830 22849

**Spinal surgery (continued)**

22850 22852 22855 22856

22861 22864 22865 22899

63001 63003 63005 63011

63012 63015 63016 63017

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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63020	63030	63040	63042
63045	63046	63047	63050
63055	63056	63064	63075
63077	63081	63085	63087
63090	63101	63102	63170
63172	63173	63185	63190
63191	63200	63250	63251
63252	63265	63267	63268
63270	63271	63272	63286
63300	63301	63302	63303
63304	63305	63306	63307
63308	0095T	0098T	0164T

\*SOS also applies

<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		0312T	0313T	0314T	0315T
		0316T	0317T	43648	43881
		43882	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64553	64555
		64568	64570	64590	L8680
		L8682	L8685	L8686	L8687
		L8688			

**Transplants** Prior authorization required For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at **888-936-7246** or the notification number on the back of the member's health plan ID card.

32850	32851	32852	32853
32854	32855	32856	33930
33933	33935	33940	33944
33945	38208	38209	38210
38212	38213	38214	38215
38232*	38240	38241	38242
44132	44133	44135	44136
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

**Transplants (continued)**



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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S2152

**CAR T-Cell Therapy**

0537T	0538T	0539T	0540T
Q2041	Q2042	Q2053	Q2054
Q2055	Q2056		

**Gene Therapy**

C9399**	C9400**	J3490**	J3590**
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\*Code 38232 will only require prior authorization for an oncology diagnosis

\*\* For unclassified codes C9399, J3490 and J3590 Skysona™ and Zynteglo™ will require prior authorization through Optum Transplant.

<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
<b>Ventricular assist devices (VAD)</b>	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 <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			