

# Prior Authorization Requirements for Pennsylvania CHIP Medicaid

Effective December 1, 2022

## 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      19368      19369      19370 19371      19380      19396      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>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Filgrastim-ayow (Releuko®) – Eff 1/1/23</b> Q5125*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506*</p> <p><b>Pegfilgrastim-apgf, biosimilar (Nyvepria®)</b> Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Trilaciclib (Cosela®)</b> J1448*</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><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 <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>Cardiology</b>	<p>Prior authorization required for participating physicians</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Cardiology (continued)</b>	for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance	<p>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>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/PACommunityplan">UHCprovider.com/PACommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program</p>			
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<b>Cardiovascular</b>	Prior authorization required for the codes listed.	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580	
		*Effective 1/1/23: 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/or How to Obtain Prior Authorization				
<b>Cardiovascular (continued)</b>		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				
	<b>Cerebral seizure monitoring –</b>	Prior authorization required for inpatient services	95700	95711	95712	95713

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Inpatient video Electroencephalogram (EEG)</b>	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95714	95715	95716	95718
		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> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E0787	A9276 K0553	A9277 K0554	A9278
<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiological function	Prior authorization required	11960	14020	14021	14061
		15820	15821	15822	15823
		15830	15847	15877	15878*
		15879*	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cosmetic and reconstructive (continued)		67923	67924	67950	67961
		67966	Q2026		

\*Gender Dysphoria may apply

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	
		Prosthetics are not DME – see <i>Orthotics and prosthetics</i>	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		
	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 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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Experimental and investigational (and/or linked services)	Prior authorization required	0191T	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 <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		
58999	64856	64892	64896		
69300	90785	96372			
Genetic and molecular testing	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	81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81203

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Genetic and molecular testing (continued)	will be authorized for those 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	
		81226	81227	81228	81229	
		81230	81231	81232	81233	
		81234	81236	81237	81238	
		Notification/prior	81239	81240	81241	81242
		authorization required for	81243	81244	81245	81246
		BRCA testing before DNA	81247	81248	81249	81250
		sequencing is performed.	81251	81252	81253	81254
		The ordering care provider	81255	81256	81257	81258
		must notify the laboratory	81259	81260	81261	81262
		conducting the test, and the	81263	81264	81265	81266
		laboratory will notify	81267	81268	81269	81271
		UnitedHealthcare.	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
			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	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing (continued)		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		
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
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
Injectable medications	Prior authorization required*	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Aldurazyme®</b>			
		J1931			
		<b>Amondys 45</b>			
		J1426			
		Amvuttra™ – Eff 1/1/23			
		J0225			
		<b>Apretude™</b>			
		J0739			
		<b>Aralast® NP, Prolastin-C®, Zemaira®</b>			
		J0256			
		<b>Avsola™</b>			
Q5121					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Benlysta</b>	J0490			
	<b>Berinert</b>	J0597			
	<b>Botulinum toxins</b>	J0585	J0586	J0587	J0588
	<b>Brineura™</b>	J0567			
	<b>Cerezyme®</b>	J1786			
	<b>Cimzia®</b>	J0717			
	<b>Cinqair®</b>	J2786			
	<b>Cinryze®</b>	J0598			
	<b>Crysvita®</b>	J0584			
	<b>Cutaquig®</b>	J1551			
	<b>Elaprase®</b>	J1743			
	<b>Elelyso®</b>	J3060			
	<b>Enjaymo™</b>	J1302			
	<b>Entyvio®</b>	J3380			
	<b>Evkeeza</b>	J1305			
	<b>Evenity™</b>	J3111			
	<b>Exondys 51™</b>	J1428			
	<b>Fabrazyme®</b>	J0180			
	<b>Fasenra™</b>	J0517			
	<b>Fensolvi®</b>	J1951			
	<b>Feraheme®</b>	Q0138			
	<b>Firmagon®</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J9155				
	<b>Gamifant®</b>				
	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Glassia</b>				
	J0257				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Korsuva®</b>				
	J0879				
	<b>Krystexxa®</b>				
	J2507				
	<b>Lemtrada®</b>				
	J0202				
	<b>Leqvio®</b>				
	J1306				
	<b>Lumizyme®</b>				
	J0221				
	<b>Lupron Depot®</b>				
	J1950				
	<b>Lupron Depot, Eligard®</b>				
	J9217				
<b>Luxturna™</b>					
J3398					
<b>Makena®</b>					
J1726	J1729	J2675			
<b>Mepsevii®</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J3397
		<b>Monoferric®</b>
		J1437
		<b>Naglazyme®</b>
		J1458
		<b>Nexviazyme®</b>
		J0219
		<b>Nplate®</b>
		J2796
		<b>Nucala®</b>
		J2182
		<b>Ocrevus™</b>
		J2350
		<b>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>Prolia® *** - Eff 1/1/23</b>
		J0897
		<b>Radicava®</b>
		J1301
		<b>Reblozyl®</b>
		J0896
		<b>Releuko®</b>
		Q5125
		<b>Remicade®</b>
		J1745
		<b>Renflexis®</b>
		Q5104
		<b>Riabni™</b>
		Q5123
		<b>Rituxan®</b>
		J9312
		<b>Rituxan Hycela®</b>
		J9311

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<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>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Skyrizi® - Eff 1/1/23</b>				
	J2327				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	<b>Soliris®</b>				
	J1300				
	<b>Somatuline® Depot</b>				
	J1930				
	<b>Spinraza™</b>				
	J2326				
	<b>Spravato®</b>				
	S0013				
	<b>Stelara</b>				
	J3358				
	<b>Sublocade™</b>				
	Q9991	Q9992			
	<b>Supprelin® LA</b>				
	J9226				
	<b>Synagis®</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire™</b>				
	J2356				
	<b>Therapeutic Radiopharmaceuticals – Eff 1/1/23</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
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Injectable medications (continued)	A9607			
	<b>Trelstar®</b>			
	J3315			
	<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>Viltepsa™</b>			
	J1427			
	<b>Vimizim®</b>			
	J1322			
	<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>Xembify®</b>				
J1558				
<b>Xolair®</b>				
J2357				
<b>Zoladex®</b>				
J9202				
<b>Zolgensma®</b>				
J3399				

\*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		<p>Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.</p> <p><b>**</b> For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Fynetra®, Nulibry, Purified Cortrophin™ Gel and Revcovi  <b>Effective 1/1/23: Spevigo™ and Xenpozyme™</b></p> <p><b>***Effective 1/1/23: For code J0897, prior authorization is required for non oncology indications.</b></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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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	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		
L5726	L5728	L5780	L5790		
L5795	L5811	L5812	L5814		
L5816	L5818	L5822	L5824		
L5826	L5828	L5830	L5845		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	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 53852	52441 55866	52442 55873	53850 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	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	<p>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>scheduling the procedure. To request prior authorization, please call <b>866-889-8054</b>.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</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>UHCprovider.com/PACommunityplan</b> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>			
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) –</b>	<p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p>	<p><b>Auditory System</b></p> <p>69205</p> <p><b>Cardiovascular System</b></p> <p>36590      36832</p> <p><b>Carpal tunnel surgery</b></p> <p>64721</p> <p><b>Cataract surgery</b></p> <p>66821      66982      66984</p> <p><b>Colonoscopy</b></p> <p>45378      45380      45384      45385</p> <p><b>Cosmetic and reconstructive</b></p> <p>13101      13132      14040      14060</p> <p>14301      21552      21931</p> <p><b>Digestive System</b></p> <p>42415      42440      43200      43236</p> <p>43237      43238      43242      43245</p> <p>43246      43247      43248      43251</p> <p>43254      43255      43259      44360</p> <p>44361      45171      45334      45335</p> <p>45381      45390      45990      46020</p> <p>46040      46050      46200      46220</p> <p>46221      46250      46255      46261</p> <p>46270      46275      46288      46505</p> <p>46750      46910      46946</p> <p><b>Ear, nose and throat (ENT) procedures</b></p> <p>21320      30140      30520      69436</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
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Site of service (SOS) – outpatient hospital (continued)	69631			
	<b>Eye and Ocular Adnexa</b>			
	65710	65820	66250	66710
	66711	66825	66986	66987
	66988	67010	67041	67042
	67105	67108	67113	67840
	68110	68115	68320	68720
	68815			
	<b>Female Genital System</b>			
	57240	57250	57461	57520
	58561	58562		
	<b>Gynecologic procedures</b>			
	57522	58353	58558	58563
	58565			
	<b>Hemic and Lymphatic System</b>			
	38500	38510	38525	
	<b>Hernia repair</b>			
	49505	49585	49587	49650
	49651	49652	49653	49654
	49655			
	<b>Integumentary System</b>			
	10121	11440	11450	11624
	11770	13121	15100	15120
	15240	19020	19120	19125
	<b>Liver biopsy</b>			
47000				
<b>Male Genital System</b>				
54840				
<b>Miscellaneous</b>				
20680				
<b>Musculoskeletal System</b>				
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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (continued)		29846	29848	29861	29875
		29876	29877	29879	29880
		29881	29882	29888	29893
		G0260			
	<b>Nervous System</b>				
		64561	64640		
	<b>Ophthalmologic</b>				
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
	<b>Respiratory System</b>				
		30802	30930	31525	31535
		31536	31541	31624	
	<b>Tonsillectomy and adenoidectomy</b>				
		42820	42821	42825	42826
		42830			
	<b>Upper and lower gastrointestinal endoscopy</b>				
		43235	43239	43249	
	<b>Urinary System</b>				
		52276	52287	52320	52344
	<b>Urologic procedures</b>				
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Spinal surgery (continued)		22850	22852	22855	22856
		22861	22864	22865	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0095T	0098T	0164T

\*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® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene Maralucel), 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152			
	<b>CAR T-Cell Therapy</b>				
		0537T	0538T	0539T	0540T
		C9098**	J9999**	Q2041	Q2042
		Q2053	Q2054	Q2055	
	<b>Gene Therapy</b>				
		C9399***	C9400***	J3490***	J3590***
		*Code 38232 will only require prior authorization for an oncology diagnosis			
		**Codes C9098 and J9999 will require prior authorization for Carvykti			
		***Effective 1/1/23: 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			