

Prior authorization requirements for Virginia Cardinal Care

Effective October 1, 2026

General information

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

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **844-284-0146**

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.

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Brain injury	Prior authorization required	S0281			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	11971
	Prior Auth NOT required for diagnosis codes listed below:				
		C50.011	C50.012	C50.019	C50.021
		C50.022	C50.029	C50.111	C50.112
		C50.119	C50.121	C50.122	C50.129
		C50.211	C50.212	D05.219	D05.221
		D05.222	C50.229	C50.311	C50.312
		C50.319	C50.321	C50.322	C50.329
		C50.411	C50.412	C50.419	C50.421
		C50.422	C50.429	C50.511	C50.512
		C50.519	C50.521	C50.522	C50.529
		C50.611	C50.612	C50.619	C50.621
		C50.622	C50.629	C50.811	C50.812
		C50.819	C50.821	C50.822	C50.829
		C50.911	C50.912	C50.919	C50.921
		C50.922	C50.929	C79.81	D05.00
		D05.01	D05.02	D05.10	D05.11
		D05.12	D05.80	D05.81	D05.82
		D05.90	D05.91	D05.92	Z42.1
		Z85.3	Z90.10	Z90.11	Z90.12
		Z90.13			
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis (Dx) *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122, Q5125, Q5136, Q5157, Q5158, Q5159, and Q5148 also require prior	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Biosimilar (Zarxio)			
		Q5101*			
		Eflapegrastim-xnst (Rolvedon)			
		J1449			
		Filgrastim (Neupogen)			
		J1442*			
		Filgrastim-aafi (Nivestym)			
		Q5110*			
		Filgrastim-ayow (Releuko)			
		Q5125*			
		Pegfilgrastim-apgf (Nyvepria)			
		Q5122*			
		Pegfilgrastim (Neulasta)			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Cancer supportive care (cont.)	authorization for non-oncology diagnosis (Dx). See injectable medications section.	J2506 Pegfilgrastim-bmez (Ziextenzo) Q5120* Pegfilgrastim-cbqv (Udenyca) Q5111* Pegfilgrastim-jmdb (Fulphila) Q5108* Sargramostim (Leukine) J2820 Tbo-filgrastim (Granix) J1447* <u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u> J0885 (Procrit) <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva) J0897 <u>Antiemetic codes that require prior authorization</u> J1456 J1434 J2468 Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the 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 866-889-8054. For more details and the CPT codes that require prior authorization, please visit Prior%20Authorization%20and%20Notification%20Resources>Cardiology%20Prior%20Authorization%20and%20Notification%20Program">UHCprovider.com/VACommunityPlan>Prior Authorization and Notification Resources>Cardiology Prior Authorization and Notification Program
Cardiovascular	Prior authorization required	93580 No prior authorization required for the following diagnosis codes: E08.52 E09.52 E10.52 E11.52

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		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			
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), leuprolide acetate (J1954), lanreotide (J1932) J J1299, J1323, J1326, J2277, J3055, J3263 • 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 Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .			
Cochlear implants and other auditory implants	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech

Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2103	A9277 E2102
		Prior authorization is required with the following Type 2 and gestational diabetes Dx codes:			
		E11.00	E11.01	E11.10	E11.11
		E11.21	E11.22	E11.29	E11.311
		E11.319	E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		
Cosmetic and reconstructive Cosmetic	Prior authorization required	11960	14020*	14021*	14060
		14061*	14301	15820	15821
		15822	15823	15830	15847

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
procedures that change or improve physical appearance, without significantly improving or restoring physiological function.		15877	17106	17107	17108
		17999	21137	21138	21139
		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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			

Prior authorization not required when billed with the following Dx codes below.

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211
C44.212	C44.219	C44.221	C44.222
C44.229	C44.291	C44.292	C44.299
C44.300	C44.301	C44.309	C44.310
C44.311	C44.319	C44.320	C44.321
C44.329	C44.390	C44.391	C44.399
C44.40	C44.41	C44.42	C44.49
C44.500	C44.501	C44.509	C44.510
C44.511	C44.519	C44.520	C44.521
C44.529	C44.590	C44.591	C44.599

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cosmetic and reconstructive (cont.)		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500. Prosthetics are not DME – See orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold – See home health care.	A9279	A9900	E0194	E0265
		E0266	E0270	E0277	E0300
		E0328	E0329	E0445	E0457
		E0465	E0466	E0470	E0471
		E0483	E0486	E0620	E0636
		E0637	E0652	E0656	E0669
		E0670	E0675	E0693	E0694
		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
		E2626	E2627	E2628	E2629
		E2630	E8000	E8001	E8002
		K0005	K0008	K0013	K0108
		K0606	K0812	K0830	K0831

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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		
Enteral services	Prior authorization required	B9002	B9998		
In-home nutritional therapy, either enteral or through a gastrostomy tube					
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	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	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	14000	14001	14021	14041
		14061	15757	15758	15775
		15776	15777	15780	15781
		15782	15783	15787	15788
		15789	15792	15793	17380
		21083	21087	21120	21122
		21172	21270	21899	31599
		31899	64856	64892	64896
		55970	55980		
These surgical codes with the following Dx codes do require a prior auth:					
	F64.0 F64.9	F64.1 Z87.890	F64.2	F64.8	
Genetic and molecular testing	Prior authorization required	81162	81163	81164	81228
		81229	81247	81277	81277

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing (cont.)		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81425	81425	81426
		81426	81427	81431	81439
		81441	81449	81451	81457
		81458	81459	81460	81462
		81463	81464	81465	81479
		81519	81520	81546	81595
		81599	87505	87506	0018U
		0022U	0023U	0026U	0037U
		0037U	0047U	0047U	0048U
		0048U	0050U	0050U	0087U
		0088U	0094U	0094U	0101U
		0101U	0102U	0102U	0103U
		0103U	0111U	0118U	0118U
		0129U	0237U	0238U	0239U
		0242U	0244U	0245U	0250U
		0265U	0267U	0268U	0271U
		0272U	0273U	0274U	0276U
		0288U	0289U	0326U	0364U
		0378U	0379U	0388U	0389U
		0391U	0395U	0398U	0425U
		0426U	0444U	0473U	0474U
		0475U	S3870		
Home health care	Prior authorization required only in outpatient settings, including member's home.	G0299	G0300	G0493	G0494
		G0495	G0496	S9474	
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			
Injectable medications	Please submit requests online using the UnitedHealthcare Provider Portal. Go to	Actemra J3262 Acthar J0801 Adakveo J0791			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)	<u>UHCprovider.com</u>	Adzynma
	to sign in.	J7171
		Aldurazyme
		J1931
		Alyglo
		J1552
		Amondys 45
		J1426
		Amvuttra
		J0225
		Aralast NP, Prolastin-C, Zemaira
		J0256
		Avlayah
		J1757
		Avsola
		Q5121
		Avtozma
		Q5156
		Azmiro
		J1072
		Benlysta
		J0490
		Beovu
		J0179
		Beqvez
		J1414
		Bildyos
		Q5162
		Bkemv
		Q5152
		Bosaya
		Q5161
		Botulinum toxins
		J0585 J0586 J0587 J0588
		Brineura
		J0567
		Briumvi
		J2329
		Byooviz
		Q5124
		Cerezyme
		J1786

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Cimerli
		Q5128
		Cimzia*
		J0717
		Cinqair
		J2786
		Conexxence
		Q5158
		Cosentyx
		J3247
		Crysvita
		J0584
		Cutaquig
		J1551
		Daxxify
		J0589
		Elaprase
		J1743
		Elelyso
		J3060
		Elevidys
		J1413
		Elfabrio
		J2508
		Encelto
		J3403
		Enjaymo
		J1302
		Entyvio
		J3380
		Epysqli
		Q5151
		Evenity
		J3111
		Evkeeza
		J1305
		Exdensur
		J2361
		Exondys 51
		J1428
		Eylea HD
		J0177

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Eylea
		J0178
		Fabrazyme
		J0180
		Fasenra
		J0517
		Fensolvi
		J1951
		Feraheme
		Q0138
		Fylnetra
		Q5130
		Gamifant
		J9210
		Gazyva
		J9301
		Givlaari
		J0223
		Glassia
		J0257
		Hemgenix
		J1411
		Hemlibra
		J7170
		Hyalgan, Supartz, Visco-3
		J7321
		Hymovis, Hymovis One
		J7322
		Hympavzi
		J7172
		Ilaris
		J0638
		Ilumya
		J3245
		Imaavy
		J9256
		Imuldosa IV
		Q5098
		Inflectra
		Q5103
		Injectafer
		J1439

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		Itivisma			
		J3405			
		IVIG			
		90283	90284	J1459	J1553
		J1554	J1555	J1556	J1557
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		Izervay			
		J2782			
		Jubbonti			
		Q5136			
		Kanuma			
		J2840			
		Kisunla			
		J0175			
		Korsuva			
		J0879			
		Krystexxa			
		J2507			
		Lamzedo			
		J0217			
		Lanreotide			
		J1932			
		Lemtrada			
		J0202			
		Leqembi			
		J0174			
		Leqvio			
		J1306			
		Loargys			
		J1818			
		Lucentis			
		J2778			
		Lumizyme			
		J0221			
		Luxturna			
		J3398			
		Mepsevii			
		J3397			
		Monoferriic			
		J1437			
		Naglazyme			
		J1458			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Nexviazyme
		J0219
		Niktimvo
		J9038
		Nplate
		J2802
		Nucala
		J2182
		Nulibry
		J1809
		Nypozi
		Q5148
		Ocrevus
		J2350
		Ocrevus Zunovo
		J2351
		OmvoH
		J2267
		Onpattro
		J0222
		Orencia
		J0129
		Ospomyv
		Q5159
		Otufi IV
		Q9999
		Oxlumo
		J0224
		Panzyga
		J1576
		Papzimeos
		J3404
		Parsabiv
		J0606
		Pavblu
		Q5147
		Piasky
		J1307
		Pombiliti
		J1203
		Prolia
		J0897
		Purified Cortrophin Gel

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		J0802			
		Pyzchiva IV			
		Q9997			
		Qalsody			
		J1304			
		Radicava			
		J1301			
		Reblozyl			
		J0896			
		Releuko			
		Q5125			
		Remicade			
		J1745			
		Renflexis			
		Q5104			
		Roctavian			
		J1412			
		Rolvedon			
		J1449			
		Ryplazim			
		J2998			
		Rystiggo			
		J9333			
		Saphnelo			
		J0491			
		Scenesse			
		J7352			
		Selarsdi			
		Q9998			
		Signifor LAR			
		J2502			
		Simponi Aria			
		J1602			
		Skyrizi			
		J2327			
		Sodium hyaluronate			
		J7320	J7324	J7325	J7326
		J7327	J7329	J7331	J7332
		Soliris			
		J1299			
		Spevigo			
		J1747			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Spinraza
		J2326
		Spravato
		J0013
		Starjemza
		Q5164
		Stelara IV
		J3358
		Stequeyma IV
		Q5099
		Stimufend
		Q5127
		Stoboclo
		Q5157
		Susvimo
		J2779
		Syfovre
		J2781
		Synagis*
		90378
		Tepezza
		J3241
		Tezspire
		J2356
		Therapeutic radiopharmaceuticals****
		A9513 A9590 A9699 A9606
		A9607 A9615
		Tofidence
		Q5133
		Tremfya IV
		J1628
		Triptodur
		J3316
		Tyenne
		Q5135
		Tzield
		J9381
		Ultomiris
		J1303
		Unclassified codes**
		J3490 J3590 C9399
		Uplizna
		J1823
		Vabysmo

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J2777
		Veopoz
		J9376
		Viltepso
		J1427
		Vimizim***
		J1322
		Vyepti
		J3032
		Vyjuvek
		J3401
		Vyondys 53
		J1429
		Vyvgart
		J9332
		Vyvgart Hytrulo
		J9334
		Wezlana IV
		Q5138
		White blood cell colony-stimulating factors***
		J1442 J1447 J2506 Q5101
		Q5108 Q5110 Q5111 Q5120
		Q5122
		Xembify
		J1558
		Xenpozyme
		J0218
		Xolair
		J2357
		Yartemlea
		J1289
		Yesintek IV
		Q5100
		Zolgensma
		J3399

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). They're also included on our **Review at Launch Medication List**. Pre-determination is highly recommended for the drugs on this list.

*Please obtain prior notification for Cimzia, and Synagis through Optum Rx prior notifications services at 800-310-6826.

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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**For unclassified and temporary codes, C9399, J3490 and J3590, prior authorization is only required for Casgevy, Kobilidi, Lantidra, Lupaneta Pack, Ocrevus Pavblu, Revcovi, Rivfloza, and Zunovo.

***Codes J1442, J1447 J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, white blood cell colony-stimulating factors, will require prior authorization for both oncology and non-oncology Dx.

For oncology Dx please see Cancer supportive care section.

For non-oncology Dx, please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can connect with us 24/7 using our [Contact us](#) page.

**** Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call **888-397-8129**.

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	27120	27125	27130	27132
		27134	27137	27138	27412
		27446	27447	27486	27487
		29866	29867	29868	J7330
		S2112			

Musculoskeletal	Prior authorization required	Shoulder surgery			
		23470	23472	23473	23474

Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		

Occupational/ physical therapy	Prior authorization required after the initial evaluation and before the initial therapy visit, and is required for all on going therapy visits.	97012	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97139	97140
		97150	97530	97533	97535
		97537	97542	97545	97546
		97750	97755	97760	97761
		97799			

Note: Only members 3 years of age and older require a prior auth.

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1847	L1860	L1945	L1950
		L1970	L2000	L2005	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2126	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	L3649	L3671	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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5649	L5651	L5653	L5657
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5782	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	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		L6034	L6035	L6036	L6038
		L6039	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	L8610	L8612
		L8631	L8659		
Potentially unproven services	Prior authorization required	33289	C2624		

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Prostate procedures	Prior authorization required	37243 55874	52441	52442	53850

Radiation therapy	Prior authorization required	Image-guided radiation therapy (IGRT) 77387			
		Proton beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		Special/associated services			
		77331	77370	77399	77470
		Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT)			
		77371	77372	77373	
		Radiation treatment delivery			
		77402*	77407	77412	
		79445*	S2095*		

* Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges:
Applicable ICD10 codes for cancer types in scope for Hypofractionation:

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A
Prostate - ICD10: C61

Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:

Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Radiation therapy (cont.)		Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 .			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online using the 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, you can call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit Prior%20Authorization%20and%20Notification%20Resources>Radiology%20Prior%20Authorization%20and%20Notification%20Program">UHCprovider.com/VAcommunityplan>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
Shoulder surgery	Prior authorization required	Musculoskeletal system 29823 29824 29825 29826 29827 29828			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Speech therapy	Prior	92507	92508	92526	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	authorization required after the initial evaluation and before the initial therapy visit, and is required for all on going therapy visits. Note: Only members 3 years of age and older require a prior auth.				
Spinal surgery	Prior authorization required	0098T	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	22852
		22856	22861	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	63185	63190
		63191	63267	63268	63270
		63271	63272	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	
Stimulators	Prior authorization required	Bone-growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	61863	61867
		61885	61886	63650	63655
		63685	64553	64555	64568
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma (idecaptive gene cicleucel), Breyanzi (lisocabtagene maraleucel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel) Tecartus (brexucabtagene autoleucel), Waskyra, Yartemlea and Yescarta (axicabtagene ciloleucel), please call the Optum Health Transplant Resource Services at 888-805-1802 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
		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	38232*	J1289	J3386
		J3387	J3389	J3391	J3392
		J3393	J3394	J3402	S2060
		S2061	S2152		
		CAR T-cell therapy			
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	Q2058
		Gene therapy			
		J3490***	J3590***	C9399***	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		***For Unclassified codes J3490, J3590, and C9399, Amtagvi and Kresladi will require Prior Authorization through Optum Transplant.			
Vein procedures	Prior authorization required	36473	36475	36478	37700
		37718	37722	37780	
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
of the extremities					
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card.			
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			