

Prior authorization requirements for Virginia Cardinal Care

Effective April 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. For applied behavior analysis (ABA) therapy, submit via fax or Provider Express.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Brain injury	Prior authorization required	S0281			
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization required	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371 11971
		Prior Auth NOT required for diagnosis codes listed below:			
		C50.011	C50.012	C50.019	C50.021

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		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 authorization for non-oncology diagnosis (Dx). See injectable medications section.

Injectable colony-stimulating factor drugs that require prior authorization:

Biosimilar (Zarxio)

Q5101*

Eflapegrastim-xnst (Rolvedon)

J1449

Filgrastim (Neupogen)

J1442*

Filgrastim-aafi (Nivestym)

Q5110*

Filgrastim-ayow (Releuko)

Q5125*

Pegfilgrastim-apgf (Nyvepria)

Q5122*

Pegfilgrastim (Neulasta)

J2506

Pegfilgrastim-bmez (Ziextenzo)

Q5120*

Pegfilgrastim-cbqv (Udenyca)

Q5111*

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization																
Cancer supportive care (cont.)		<p>Pegfilgrastim-jmdb (Fulphila) Q5108*</p> <p>Sargramostim (Leukine) J2820</p> <p>Tbo-filgrastim (Granix) J1447*</p> <p><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u> J0885 (Procrit)</p> <p><u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva) J0897</p> <p><u>Antiemetic codes that require prior authorization</u> J1456 J1434 J2468</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.</p>																
Cardiology	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.</p>	<p>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.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/VAcommunityplan>Prior Authorization and Notification Resources>Cardiology Prior Authorization and Notification Program</p>																
Cardiovascular	<p>Prior authorization required</p>	<p>93580</p> <p>No prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.52</td> <td>E09.52</td> <td>E10.52</td> <td>E11.52</td> </tr> <tr> <td>E13.52</td> <td>I70.221</td> <td>I70.222</td> <td>I70.223</td> </tr> <tr> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> <td>I70.232</td> </tr> <tr> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> <td>I70.238</td> </tr> </table>	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
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															

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		170.239	170.241	170.242	170.243
		170.244	170.245	170.248	170.249
		170.25	170.261	170.262	170.263
		170.268	170.269	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.421	170.422	170.423
		170.428	170.429	170.431	170.432
		170.433	170.434	170.435	170.438
		170.439	170.441	170.442	170.443
		170.444	170.445	170.448	170.449
		170.461	170.462	170.463	170.468
		170.469	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
Cardiovascular (cont.)		M86.172	M86.179	M86.18	M86.19	
		M86.20	M86.251	M86.252	M86.259	
		M86.261	M86.262	M86.269	M86.271	
		M86.272	M86.279	M86.28	M86.29	
		M86.30	M86.351	M86.352	M86.359	
		M86.361	M86.362	M86.369	M86.371	
		M86.372	M86.379	M86.38	M86.39	
		M86.40	M86.451	M86.452	M86.459	
		M86.461	M86.462	M86.469	M86.471	
		M86.472	M86.479	M86.48	M86.49	
		M86.50	M86.551	M86.552	M86.559	
		M86.561	M86.562	M86.571	M86.572	
		M86.579	M86.58	M86.59	M86.60	
		M86.651	M86.652	M86.659	M86.661	
		M86.662	M86.669	M86.671	M86.672	
		M86.679	M86.68	M86.69	M86.8X0	
		M86.8X5	M86.8X6	M86.8X7	M86.8X8	
		M86.8X9	M86.9	I96	L03.115	
		L03.116	Q27.30	Q27.32	Q27.39	
		Q27.8	Q27.9	Q87.2	S35.511A	
		S35.512A	T82.312A	T82.318A	T82.319A	
		T82.338A	T82.392A	T82.398A	T82.399A	
		T82.898A	I73.00	I73.01	I73.1	
			I73.81			
	Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization required for inpatient services.	95700	95711	95712	95713
			95714	95715	95716	95718
Prior authorization not required for outpatient hospital or ambulatory surgical center.		95720	95722	95724	95726	
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				
		<ul style="list-style-type: none"> • 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				

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Chemotherapy (cont.) UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://uhcprovider.com) to sign in. Or, you can call 888-397-8129.

Cochlear implants and other auditory implants	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692

A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech

Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226	A4239	A9276	A9277
		A9278	E0787	E2103	E2102

Cosmetic and reconstructive 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 physiologic function	Prior authorization required	11960	14020*	14021*	14060
		14061*	14301	15820	15821
		15822	15823	15830	15847
		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cosmetic and reconstructive (cont.)		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		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	A9279	A9280	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	E0700	E0710	E0745
E0762	E0764	E0766	E0784		

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)	not subject to the cost threshold – See home health care.	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	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	K0606	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	E2298		
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	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Gender dysphoria treatment Gender dysphoria treatment (cont.)	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	81229	81403	81407
		81412	81416	0037U	0050U
		81465	81519	81546	87506
		0022U	0060U	0129U	0245U
		0254U	0264U	0268U	0272U
		0277U	81163	81400	81404
		81408	81413	81417	0047U
		0094U	81479	81520	81595
		87507	0023U	0087U	0154U
		0250U	0258U	0265U	0269U
		0273U	0278U	81164	81401
		81405	81410	81414	81336
		0048U	0101U	81364	0103U
		81599	0007M	0026U	0088U
		0237U	0252U	0260U	0266U
		0270U	0274U	0282U	81228
		81402	81406	81411	81415
		81431	81439	81460	0102U
		0118U	87505	0018U	0055U
		0111U	0238U	0253U	0262U
		0267U	0271U	0276U	S3870
		81120	81277	0006M	81425
		81242	81426	81251	81247
		0037U	0047U	0048U	0050U
		0094U	0101U	0102U	0103U
		0118U	81277	81425	81426
		81427	81449	81451	81457
		81458	81459	81462	81463
81464	81441	0425U	0426U		
0437U	0444U	0449U	0465U		

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing (cont.)		0471U	0473U	0474U	0475U
		0364U	0378U	0379U	0388U
		0389U	0391U	0395U	0398U
		0326U	0233U	0239U	0242U
		0244U	0285U	0286U	0288U
		0289U	0290U	0291U	0292U
		0293U	0294U	0114U	
Home health care	Prior authorization required only in outpatient settings, including member's home.	G0299 G0495	G0300 G0496	G0493 S9474	G0494
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 UHCprovider.com to sign in. Or, you can call 888-397-8129 .	Actemra	J3262		
		Acthar	J0801		
		Adakveo	J0791		
		Adzynma	J7171		
		Aldurazyme	J1931		
		Alyglo	J1552		
		Amondys 45	J1426		
		Amvuttra	J0225		
		Aralast NP, Prolastin-C, Zemaira	J0256		
		Avsola	Q5121		
		Avtozma	Q5156		
		Azmiro	J1072		
		Benlysta	J0490		

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		Beovu J0179			
		Beqvez J1414			
		Bildyos Q5162			
		Bkemv Q5152			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura J0567			
		Briumvi J2329			
		Byooviz Q5124			
		Cerezyme J1786			
		Cimerli Q5128			
		Cimzia* J0717			
		Cinqair J2786			
		Conexxence Q5158			
		Cosentyx J3247			
		Crysvita J0584			
		Cutaquig J1551			
		Daxxify J0589			
		Elaprase J1743			
		Elelyso J3060			
		Elevidys J1413			
		Elfabrio J2508			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Encelto J3403
		Enjaymo J1302
		Entyvio J3380
		Epysqli Q5151
		Evenity J3111
		Evkeeza J1305
		Exondys 51 J1428
		Eylea HD J0177
		Eylea J0178
		Fabrazyme J0180
		Fasenra J0517
		Fensolvi J1951
		Feraheme Q0138
		Fynetra Q5130
		Gamifant J9210
		Givlaari J0223
		Glassia J0257
		Hemgenix J1411
		Hemlibra J7170
		Hympavzi J7172
		Ilaris J0638

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		Ilumya J3245			
		Imaavy J9256			
		Imuldosa IV Q5098			
		Inflectra Q5103			
		Injectafer J1439			
		IVIG	90283	90284	J1459 J1554
			J1555	J1556	J1557 J1559
			J1561	J1566	J1568 J1569
			J1572	J1575	J1599 J1553
		Izervay J2782			
		Jubbonti Q5136			
		Kanuma J2840			
		Kisunla J0175			
		Korsuva J0879			
		Krystexxa J2507			
		Lamzede J0217			
		Lanreotide J1932			
		Lemtrada J0202			
		Leqembi J0174			
		Leqvio J1306			
		Lucentis J2778			
		Lumizyme J0221			
		Luxturna J3398			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Mepsevii J3397
		Monoferric J1437
		Naglazyme J1458
		Nexviazyme J0219
		Niktimvo J9038
		Nplate J2802
		Nucala J2182
		Nulibry J1809
		Nypozi Q5148
		Ocrevus J2350
		Ocrevus Zunovo J2351
		OmvoH J2267
		Onpattro J0222
		Orencia J0129
		OtulfI IV Q9999
		Oxlumo J0224
		Panzyga J1576
		Papzimeos J3404
		Parsabiv J0606
		Pavblu Q5147
		Piasky J1307
		Pombiliti

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		J1203			
		Prolia			
		J0897			
			Purified Cortrophin Gel		
		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	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)	Soliris				
	J1299				
	Spevigo				
	J1747				
	Spinraza				
	J2326				
	Spravato				
	J0013				
	Stelara IV				
	J3358				
	Steqeyma 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					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		J1823	Vabysmo	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	J1558
		J1447	Xembify	J0218	Xenpozyme
		J2506	Xolair	J2357	Yesintek IV
		Q5101	Zolgensma	Q5108	J3399
		Q5110		Q5111	Q5120
		Q5122			
<p>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.</p>					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		<p>*Please obtain prior notification for Cimzia, and Synagis through Optum Rx prior notifications services at 800-310-6826.</p> <p>**For unclassified and temporary codes, C9399, J3490 and J3590, prior authorization is only required for Casgevy, Kebilidi, Lantidra, Lupaneta Pack, Ocrevus Pavblu, Revcovi, Rivfloza, Starjemza, and Zunovo.</p> <p>***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.</p> <p>For oncology Dx please see Cancer supportive care section.</p> <p>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.</p> <p>**** Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.</p>			
Joint replacement	Prior authorization required	24360	24361	24362	24363
Joint, total hip and knee replacement procedures		24370	24371	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
	Note: Only members 3 years of age and older require a prior auth.	97537	97542	97545	97546
		97750	97755	97760	97761
		97799			
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthognathic surgery (cont.) Treatment of maxillofacial/jaw functional impairment		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	L1830	L1831
		L1832	L1834	L1836	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
		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		

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	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	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		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	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		L8631	L8659		
Potentially unproven services	Prior authorization required	33289	C2624		
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	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			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Radiation therapy (cont.)		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 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: <ul style="list-style-type: none"> 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 Authorization and Notification Resources>Radiology Prior Authorization and Notification Program">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 29827	29824 29828	29825	29826
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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Sleep apnea procedures and surgeries (cont.)

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

Speech therapy	Prior 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.	92507	92508	92526	
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Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	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	0098T		

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone-growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		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 (idecaptivegen cicleucel), Breyanzi (lisocabtagene maralucel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel) Tecartus (brexucabtagene autoleucel) 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
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152	J3389	J3391	J3392
		J3393	J3394	J3402	J3387
		CAR T-cell therapy			
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	Q2058
		Gene therapy			
		J3490***	J3590***	C9399***	
		*Code 38232 will only require prior			

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