

Prior authorization requirements for Virginia Cardinal Care LTSS

Effective October 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Virginia Long-Term Support Services (LTSS) 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 professionals 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			
Breast reconstruction (non-mastectomy)	Prior authorization required	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Breast reconstruction (non-mastectomy) (cont.)		Prior Auth NOT required for diagnosis codes listed below:			
Reconstruction of the breast other than following mastectomy		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 agent administered in an outpatient setting for a cancer diagnosis *Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 Q5125, Q5136, Q5157, Q5158, Q5159 and Q5148 will also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.	<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) J2506 Pegfilgrastim-bmez (Ziextenzo) Q5120*
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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
Cancer supportive care (cont.)		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 for lower extremities angiogram only.	93580	No prior authorization 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	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		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
		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			
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) 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
A medical device within the inner ear and an external portion that helps persons with					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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	Prior authorization required	11960	11971	14020	14021
		14040	14041	14060	14061
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function.		14301	15820	15821	15822
		15823	15830	15847	15877
		17106	17107	17108	17999
		21139	21172	21175	21179
		21180	21230	21235	21256
		21275	21282	21295	21740

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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		
Cosmetic and reconstructive (cont.)		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		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.	A9279	A9900	E0194	E0265
		E0266	E0270	E0277	E0300
		E0328	E0329	E0445	E0457
		E0465	E0466	E0470	E0471
		E0483	E0486	E0620	E0636
		E0637	E0652	E0656	E0669
	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 section.	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
		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	Q0495	S1040	T1999
		T5999	V2786		
Enteral services	Prior authorization required	B9002 E0791	B9004	B9006	B9998

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
In-home nutritional therapy, either enteral or through a gastrostomy tube					
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767 A9274 S1031	36514 66180 E0231 S2102	64722 A4638 E1831	65765 A6000 S1030
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Gender dysphoria treatment	Prior authorization required	11980 15758 15780 15787 15793 15828 15834 15838 15879 21120 31599 45999 64896 21173	14000 15775 15781 15788 15824 15829 15835 15839 17380 21122 31750 58999 69300 55970*	14001 15776 15782 15789 15825 15832 15836 15876 21083 21270 31899 64856 90785 55980*	15757 15777 15783 15792 15826 15833 15837 15878 21087 21899 45399 64892 96372
*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 81435 81445 81479 81521 81595 0018U	81163 81400 81404 81408 81413 81417 81437 81448 81518 81522 81599 0022U	81164 81401 81405 81410 81414 81431 81439 81460 81519 81546 87505 0023U	81228 81402 81406 81411 81415 81432 81440 81465 81520 81558 87506 0026U

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		0087U	0088U	0129U	0237U
		0238U	0245U	0250U	0265U
		0267U	0268U	0271U	0272U
		0273U	0274U	0276U	0478U
		0480U	0481U	0483U	0484U
		0485U	0487U	0493U	0499U
		0500U	0502U	0504U	0505U
		0506U	0508U	0509U	0523U
		0529U	0530U	0536U	0538U
		0539U	0540U	0543U	0544U
		0552U	0554U	0562U	0567U
		0571U	S3870		
Home health care	Prior authorization required only in outpatient settings including the member's home.	G0299 G0495 S9474	G0300 G0496	G0493 S9123	G0494 S9124
Hysterectomy	Prior authorization required	58150 58262 58290 58543 58553 58573	58152 58263 58291 58544 58570	58180 58267 58292 58550 58571	58260 58270 58542 58552 58572
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 Apretude J0739			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		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			
		Cimerli			
		Q5128			
		Cimzia*			
		J0717			
		Cinqair			
		J2786			
		Conexxence			
		Q5158			
		Cosentyx			
		J3247			
		Crysvita			
		J0584			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Cutaquig J1551 Daxxify J0589 Elaprase J1743 Elelyso J3060 Elevidys J1413 Elfabrio J2508 Encelto J3403 Enjaymo J1302 Entyvio J3380 Epysqli Q5151 Evkeeza J1305 Evenity J3111 Exdensur J2361 Exondys 51 J1428 Eylea HD J0177 Eylea J0178 Fabrazyme J0180 Fasenra J0517 Fensolvi J1951 Feraheme Q0138 Fynetra Q5130

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		Gamifant			
		J9210			
		Gazyva			
		J9301			
		Glassia			
		J0257			
		Givlaari			
		J0223			
		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			
		Itvisma			
		J3405			
		IVIG			
		90283	90284	J1459	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	J1553
		Izervay			
		J2782			
		Jubbonti			
		Q5136			
		Kanuma			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		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 Monoferric J1437 Naglazyme J1458 Nexviazyme J0219 Niktimvo J9038 Nplate J2802 Nucala J2182 Nulibry J1809 Nypozi

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		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 Pyzchiva IV Q9997 Purified Cortrophin Gel J0802 Qalsody J1304 Qfitdia J7174 Radicava J1301 Reblozyl

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		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			
		Spinraza			
		J2326			
		Spravato			
		J0013			
		Starjemza			
		Q5164			
		Stelara IV			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		J3358			
		Stequeyma IV			
		J5099			
		Stimufend			
		J5127			
		Stoboclo			
		Q5157			
		Susvimo			
		J2779			
		Syfovre			
		J2781			
		Synagis*			
		90378			
		Tepezza			
		J3241			
		Tezspire			
		J2356			
		Therapeutic radiopharmaceuticals***			
		A9513	A9590	A9696	A9699
		A9607	A9606	A9615	
		Tofidence			
		J5133			
		Tremfya IV			
		J1628			
		Triptodur			
		J3316			
		Tyenne			
		J5135			
		Tzield			
		J9381			
		Ultomiris			
		J1303			
		Unclassified codes*			
		J3490	J3590	C9399	
		Uplizna			
		J1823			
		Vabysmo			
		J2777			
		Veopoz			
		J9376			
		Viltepso			
		J1427			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		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			
		J5100			
		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 & 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.				
	Plases obtain prior notification for Cimzia and Synagis through Optum Rx prior notifications services at 800-310-6826.				
	*For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Casgevy,				

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		Kebilidi, Lantidra, Leqembi, Lupaneta Pack, Lyfgenia, Ocrevus Zunovo, Pavblu, Revcovi, Rivfloza, and Veopoz. **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, submit online at UHCProvider.com using the Prior Authorization and Notification tool on your dashboard. 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 27134 27446 29866 S2112	27125 27137 27447 29867	27130 27138 27486 29868	27132 27412 27487 J7330
Musculoskeletal	Prior authorization required	Shoulder surgery			
		23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
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 97024 97033 97039 97116 97150 97537 97750 97799	97016 97026 97034 97110 97124 97530 97542 97755	97018 97028 97035 97112 97139 97533 97545 97760	97022 97032 97036 97113 97140 97535 97546 97761
	Note: Only members 3 years of age and older require a prior auth.				
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21193 21198 21209 21242 21247 21296	21123 21142 21147 21155 21194 21199 21210 21244 21248 21299	21125 21143 21150 21159 21195 21206 21215 21245 21249	21127 21145 21151 21160 21196 21208 21240 21246 21255

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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
		L5649	L5651	L5653	L5657
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	L5857	L5858

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		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		
Private duty nursing	Prior authorization required	T1000 S9125	T1002	T1003	T1030
Prostate procedures	Prior authorization required	37243 55874	52441	52442	53850
Radiation therapy	Prior authorization required	Image-guided radiation therapy (IGRT) 77387			
		Proton beam			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Radiation therapy (cont.)		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 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	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans	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
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Shoulder surgery	Prior authorization required – Site of service applies to all codes in this category	Musculoskeletal system 29823 29824 29825 29826 29827 29828			
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 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	
Spinal surgery	Prior authorization	22206	22207	22210	22212

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
	required	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			
		61863	61867	61885	61886
		63650	63655	63685	64553
		64555	64568	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 maraluecel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Waskyra, Yartemlea, Yescarta (axicabtagene ciloleucel), please call the UnitedHealthcare Community Plan 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
		38240	38241	38242	44132

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
		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, Kresladi, Ryoncil, and Zynteglo 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	37765	37766
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	33975	33976	33979
		33981	33982	33983	Q0507
		Q0508	Q0509		
Wound vac	Prior authorization required	E2402			