

# Prior authorization requirements for Virginia Cardinal Care LTSS

Effective April 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			
<b>Bariatric surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health services</b>	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.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Brain injury</b>	Prior authorization required	S0281			
<b>Breast reconstruction (non-mastectomy)</b>	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			
<b>Breast reconstruction (non-mastectomy) (cont.)</b>		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.

**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\*

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
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Cancer supportive care (cont.)		<b>Pegfilgrastim-cbqv (Udenyca)</b> Q5111*
		<b>Pegfilgrastim-jmdb (Fulphila)</b> Q5108*
		<b>Sargramostim (Leukine)</b> J2820
		<b>Tbo-filgrastim (Granix)</b> J1447*
		<b><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u></b> J0885 (Procrit)
		<b><u>Bone-modifying agent that requires prior authorization:</u></b> Denosumab (Xgeva) J0897
		<b><u>Antiemetic codes that require prior authorization</u></b> 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**.

<b>Cardiology</b>	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 <a href="http://UHCprovider.com/VAcommunityplan&gt;Prior Authorization and Notification Resources&gt;Cardiology Prior Authorization and Notification Program">UHCprovider.com/VAcommunityplan&gt;Prior Authorization and Notification Resources&gt;Cardiology Prior Authorization and Notification Program</a>
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<b>Cardiovascular</b>	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
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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
<b>Cardiovascular (cont.)</b>		M86.161	M86.162	M86.169	M86.171	
		M86.172	M86.179	M86.18	M86.19	
		M86.20	M86.251	M86.252	M86.259	
		M86.261	M86.262	M86.269	M86.271	
		M86.272	M86.279	M86.28	M86.29	
		M86.30	M86.351	M86.352	M86.359	
		M86.361	M86.362	M86.369	M86.371	
		M86.372	M86.379	M86.38	M86.39	
		M86.40	M86.451	M86.452	M86.459	
		M86.461	M86.462	M86.469	M86.471	
		M86.472	M86.479	M86.48	M86.49	
		M86.50	M86.551	M86.552	M86.559	
		M86.561	M86.562	M86.571	M86.572	
		M86.579	M86.58	M86.59	M86.60	
		M86.651	M86.652	M86.659	M86.661	
		M86.662	M86.669	M86.671	M86.672	
		M86.679	M86.68	M86.69	M86.8X0	
		M86.8X5	M86.8X6	M86.8X7	M86.8X8	
		M86.8X9	M86.9	I96	L03.115	
		L03.116	Q27.30	Q27.32	Q27.39	
		Q27.8	Q27.9	Q87.2	S35.511A	
		S35.512A	T82.312A	T82.318A	T82.319A	
		T82.338A	T82.392A	T82.398A	T82.399A	
		T82.898A	I73.00	I73.01	I73.1	
		I73.81				
	<b>Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)</b>	Prior authorization required for inpatient services.	95700	95711	95712	95713
			95714	95715	95716	95718
Prior authorization is not required for outpatient hospital or ambulatory surgical center.		95720	95722	95724	95726	
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	<b>Injectable chemotherapy drugs that require prior authorization:</b>				
		Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot (J1950), leuprolide acetate (J1954), lanreotide (J1932) J1299, J1323, J1326, J2277, J3055, J3263				
		<ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul>				

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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<b>Chemotherapy (cont.)</b>		Please submit requests online using the UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> to sign in. Or, you can call <b>888-397-8129</b> .			
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<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
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<b>Continuous glucose monitor</b>	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2103	A9277 E2102
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<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function.  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 14040 14301 15823 17106 21139 21180 21275 21742 67900 67904 67911 67916 67923 67966	11971 14041 15820 15830 17107 21172 21230 21282 21743 67901 67906 67912 67917 67924 Q2026	14020 14060 15821 15847 17108 21175 21235 21295 28344 67902 67908 67914 67921 67950	14021 14061 15822 15877 17999 21179 21256 21740 30620 67903 67909 67915 67922 67961
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Prior authorization not required when billed with the following Dx codes below:

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|----------|----------|----------|----------|
| 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 |

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Cosmetic and reconstructive (cont.)</b>		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	
<b>Durable medical equipment (DME)</b>	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0465	E0466	E0470
		E0471	E0483	E0486	E0620
	Prosthetics are not DME – See orthotics and prosthetics.	E0636	E0637	E0652	E0656
		E0669	E0670	E0675	E0693
		E0694	E0700	E0710	E0745
		E0762	E0764	E0766	E0784
	Some home health care services may qualify but are	E0984	E0986	E1002	E1003

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>	not subject to the cost threshold – See home health care section.	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	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	V5269		
V5270	V5271	V5272	V5274		
V5281	V5282	V5283	V5286		
V5287	V5288	V5290	E2298		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9002 E0791	B9004	B9006	B9998
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477 65767 A9274 S1031	36514 66180 E0231 S2102	64722 A4638 E1831	65765 A6000 S1030
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Gender dysphoria treatment</b>	Prior authorization required	11980 15758	14000 15775	14001 15776	15757 15777

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Gender dysphoria treatment (cont.)</b>		15780	15781	15782	15783
		15787	15788	15789	15792
		15793	15824	15825	15826
		15828	15829	15832	15833
		15834	15835	15836	15837
		15838	15839	15876	15878
		15879	17380	21083	21087
		21120	21122	21270	21899
		31599	31750	31899	45399
		45999	58999	64856	64892
		64896	69300	90785	96372
		21173	55970*	55980*	
			*These <b>surgical codes</b> with the following <b>Dx codes do require a prior auth:</b>		
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
<b>Genetic and molecular testing</b>	Prior authorization required	81162	81163	81164	81228
		81229	81400	81401	81402
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81336	81431
		81432	81435	81437	81439
		81440	81445	81448	81460
		81465	81479	81364	81518
		81519	81520	81521	81522
		81546	81595	81599	87505
		87506	87507	0006M	0007M
		0018U	0022U	0023U	0026U
		0055U	0060U	0087U	0088U
		0111U	0129U	0154U	0237U
		0238U	0245U	0250U	0252U
		0253U	0254U	0258U	0260U
		0262U	0264U	0265U	0266U
		0267U	0268U	0269U	0270U
		0271U	0272U	0273U	0274U
0276U	0277U	0278U	0282U		
	S3870	81120	81242	81251	
<b>Home health care</b>	Prior authorization required only in outpatient settings including the member's home.	G0299	G0300	G0493	G0494
		G0495	G0496	S9123	S9124
		S9474			
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Hysterectomy (cont.)		58262	58263	58267	58270
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
<b>Injectable medications</b>	Please submit requests online using the UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> to sign in. Or, you can call <b>888-397-8129</b> .	<b>Actemra</b>			
		J3262			
		<b>Acthar</b>			
		J0801			
		<b>Adakveo</b>			
		J0791			
		<b>Adzyna</b>			
		J7171			
		<b>Aldurazyme</b>			
		J1931			
		<b>Alyglo</b>			
		J1552			
		<b>Amondys 45</b>			
		J1426			
		<b>Amvuttra</b>			
		J0225			
		<b>Aralast NP, Prolastin-C, Zemaira</b>			
		J0256			
		<b>Apretude</b>			
		J0739			
		<b>Avsola</b>			
		Q5121			
		<b>Avtozma</b>			
		Q5156			
		<b>Azmiro</b>			
		J1072			
		<b>Benlysta</b>			
		J0490			
		<b>Beovu</b>			
		J0179			
		<b>Beqvez</b>			
		J1414			
		<b>Bildyos</b>			
		Q5162			
		<b>Bkemv</b>			
		Q5152			
		<b>Botulinum toxins</b>			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		J0585	J0586	J0587	J0588
		<b>Brineura</b>			
		J0567			
		<b>Briumvi</b>			
		J2329			
		<b>Byooviz</b>			
		Q5124			
		<b>Cerezyme</b>			
		J1786			
		<b>Cimerli</b>			
		Q5128			
		<b>Cimzia*</b>			
		J0717			
		<b>Cinqair</b>			
		J2786			
		<b>Conexxence</b>			
		Q5158			
		<b>Cosentyx</b>			
		J3247			
		<b>Crysvita</b>			
		J0584			
		<b>Cutaquig</b>			
		J1551			
		<b>Daxxify</b>			
		J0589			
		<b>Elaprase</b>			
		J1743			
		<b>Elelyso</b>			
		J3060			
		<b>Elevidys</b>			
		J1413			
		<b>Elfabrio</b>			
		J2508			
		<b>Encelto</b>			
		J3403			
		<b>Enjaymo</b>			
		J1302			
		<b>Entyvio</b>			
		J3380			
		<b>Epysqli</b>			
		Q5151			
		<b>Evkeeza</b>			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
<b>Injectable medications (cont.)</b>		J1305 <b>Evenity</b> J3111 <b>Exondys 51</b> J1428 <b>Eylea HD</b> J0177 <b>Eylea</b> J0178 <b>Fabrazyme</b> J0180 <b>Fasenra</b> J0517 <b>Fensolvi</b> J1951 <b>Feraheme</b> Q0138 <b>Fylnetra</b> Q5130 <b>Gamifant</b> J9210 <b>Glassia</b> J0257 <b>Givlaari</b> J0223 <b>Hemgenix</b> J1411 <b>Hemlibra</b> J7170 <b>Hypavzi</b> J7172 <b>Ilaris</b> J0638 <b>Ilumya</b> J3245 <b>Imaavy</b> J9256 <b>Imuldosa IV</b> Q5098 <b>Inflectra</b> Q5103 <b>Injectafer</b>

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Injectable medications (cont.)</b>		J1439			
	<b>IVIG</b>				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599	J1553	
	<b>Izervay</b>				
	J2782				
	<b>Jubbonti</b>				
	Q5136				
	<b>Kanuma</b>				
	J2840				
	<b>Kisunla</b>				
	J0175				
	<b>Korsuva</b>				
	J0879				
	<b>Krystexxa</b>				
	J2507				
	<b>Lamzede</b>				
	J0217				
	<b>Lanreotide</b>				
	J1932				
	<b>Lemtrada</b>				
	J0202				
	<b>Leqembi</b>				
	J0174				
	<b>Leqvio</b>				
	J1306				
<b>Lucentis</b>					
J2778					
<b>Lumizyme</b>					
J0221					
<b>Luxturna</b>					
J3398					
<b>Mepsevii</b>					
J3397					
<b>Monoferric</b>					
J1437					
<b>Naglazyme</b>					
J1458					
<b>Nexviazyme</b>					
J0219					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
<b>Injectable medications (cont.)</b>		<b>Niktimvo</b>
		J9038
		<b>Nplate</b>
		J2802
		<b>Nucala</b>
		J2182
		<b>Nulibry</b>
		J1809
		<b>Nypozi</b>
		Q5148
		<b>Ocrevus</b>
		J2350
		<b>Ocrevus Zunovo</b>
		J2351
		<b>OmvoH</b>
		J2267
		<b>Onpattro</b>
		J0222
		<b>Orencia</b>
		J0129
		<b>OtulfI IV</b>
		Q9999
		<b>Oxlumo</b>
		J0224
		<b>Panzyga</b>
		J1576
		<b>Papzimeos</b>
		J3404
		<b>Parsabiv</b>
		J0606
	<b>Pavblu</b>	
	Q5147	
	<b>Piasky</b>	
	J1307	
	<b>Pombiliti</b>	
	J1203	
	<b>Prolia</b>	
	J0897	
	<b>Pyzchiva IV</b>	
	Q9997	
	<b>Purified Cortrophin Gel</b>	
	J0802	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Injectable medications (cont.)</b>	<b>Qalsody</b>				
	J1304				
	<b>Qfitlia</b>				
	J7174				
	<b>Radicava</b>				
	J1301				
	<b>Reblozyl</b>				
	J0896				
	<b>Releuko</b>				
	Q5125				
	<b>Remicade</b>				
	J1745				
	<b>Renflexis</b>				
	Q5104				
	<b>Roctavian</b>				
	J1412				
	<b>Rolvedon</b>				
	J1449				
	<b>Ryplazim</b>				
	J2998				
	<b>Rystiggo</b>				
	J9333				
	<b>Saphnelo</b>				
	J0491				
	<b>Scenesse</b>				
	J7352				
	<b>Selarsdi</b>				
	Q9998				
	<b>Signifor LAR</b>				
	J2502				
<b>Simponi Aria</b>					
J1602					
<b>Skyrizi</b>					
J2327					
<b>Sodium hyaluronate</b>					
J7320	J7321	J7322	J7324		
J7325	J7326	J7327	J7329		
J7331	J7332				
<b>Soliris</b>					
J1299					
<b>Spevigo</b>					
J1747					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Injectable medications (cont.)</b>	<b>Spinraza</b>				
	J2326				
	<b>Spravato</b>				
	J0013				
	<b>Stelara IV</b>				
	J3358				
	<b>Steqeyma IV</b>				
	J5099				
	<b>Stimufend</b>				
	J5127				
	<b>Stoboclo</b>				
	Q5157				
	<b>Susvimo</b>				
	J2779				
	<b>Syfovre</b>				
	J2781				
	<b>Synagis*</b>				
	90378				
	<b>Tepezza</b>				
	J3241				
	<b>Tezspire</b>				
	J2356				
	<b>Therapeutic radiopharmaceuticals***</b>				
	A9513	A9590	A9696	A9699	
	A9607	A9606	A9615		
	<b>Tofidence</b>				
	J5133				
	<b>Tremfya IV</b>				
	J1628				
	<b>Triptodur</b>				
	J3316				
	<b>Tyenne</b>				
	J5135				
	<b>Tzield</b>				
	J9381				
	<b>Ultomiris</b>				
	J1303				
	<b>Unclassified codes*</b>				
J3490	J3590	C9399			
<b>Uplizna</b>					
J1823					
<b>Vabysmo</b>					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
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Injectable medications (cont.)		J2777
		<b>Veopoz</b>
		J9376
		<b>Viltepso</b>
		J1427
		<b>Vimizim</b>
		J1322
		<b>Vyepti</b>
		J3032
		<b>Vyjuvek</b>
		J3401
		<b>Vyondys 53</b>
		J1429
		<b>Vyvgart</b>
		J9332
		<b>Vyvgart Hytrulo</b>
		J9334
		<b>Wezlana IV</b>
		Q5138
		<b>White blood cell colony-stimulating factors**</b>
		J1442      J1447      J2506      Q5101
		Q5108      Q5110      Q5111      Q5120
		Q5122
		<b>Xembify</b>
		J1558
		<b>Xenpozyme</b>
	J0218	
	<b>Xolair</b>	
	J2357	
	<b>Yesintek IV</b>	
	J5100	
	<b>Zolgensma</b>	
	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. 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			
<b>Injectable medications (cont.)</b>		<p>*For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Casgevy, Kebilidi, Lantidra, Leqembi, Lupaneta Pack, Lyfgenia, Ocrevus Zunovo, Pavblu, Revcovi, Rivfloza, Starjemza, and Veopoz.</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. For oncology Dx please see Cancer supportive care section.</p> <p>For non-oncology Dx, submit online at <b>UHCProvider.com</b> using the Prior Authorization and Notification tool on your dashboard. Or, you can connect with us 24/7 using our <b>Contact us</b> page.</p> <p>*** Please submit requests online using the UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> to sign in. Or, you can call <b>888-397-8129</b>.</p>			
<b>Joint replacement</b>	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	
<b>Musculoskeletal</b>	Prior authorization required	<b>Shoulder surgery</b>			
		23470	23472	23473	23474
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Occupational/ physical therapy</b>	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			
<b>Orthognathic surgery</b>	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/ jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21193	21194	21195	21196

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Orthognathic surgery (cont.)</b>		21198	21199	21206	21208
		21209	21210	21215	21240
		21242	21244	21245	21246
		21247	21248	21249	21255
		21296	21299		
<b>Orthotics and prosthetics</b>	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		
L5610	L5613	L5614	L5616		
L5639	L5640	L5642	L5643		
L5644	L5646	L5647	L5648		
L5649	L5651	L5653	L5661		

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
<b>Orthotics and prosthetics (cont.)</b>		L5673	L5682	L5683	L5700	
		L5702	L5703	L5705	L5706	
		L5716	L5718	L5722	L5724	
		L5726	L5728	L5780	L5790	
		L5795	L5811	L5812	L5814	
		L5816	L5818	L5822	L5824	
		L5826	L5828	L5830	L5845	
		L5848	L5857	L5858	L5930	
		L5950	L5960	L5961	L5962	
		L5964	L5966	L5968	L5973	
		L5976	L5979	L5980	L5981	
		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	L8631	
		L8659				
	<b>Potentially unproven services</b>	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 S9125	T1002	T1003	T1030
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Radiation therapy	Prior authorization required	<b>Image-guided radiation therapy (IGRT)</b> 77387  <b>Proton beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520      77522      77523      77525  <b>Special/associated services</b> 77331      77370      77399      77470  <b>Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT)</b> 77371      77372      77373  <b>Radiation treatment delivery</b> 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:			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Radiation therapy (cont.)</b>		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 <b>UHCprovider.com</b> to sign in. Or, you can call <b>866-889-8054</b> .			
<b>Radiology</b>	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 <b>UHCprovider.com</b> and click on the <u>UnitedHealthcare Provider Portal</u> button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, you can call <b>866-889-8054</b> .			
		For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/VAcommunityplan&gt;Prior Authorization and Notification Resources&gt;Radiology Prior Authorization and Notification Program">UHCprovider.com/VAcommunityplan&gt;Prior Authorization and Notification Resources&gt;Radiology Prior Authorization and Notification Program</a>			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Shoulder surgery</b>	Prior authorization required – Site of service applies to all codes in this category	<b>Musculoskeletal system</b>		29825	29826
		29823 29827	29824 29828		
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Speech therapy</b>	Prior authorization required after the initial evaluation	92507	92508	92526	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
<b>Speech therapy (cont.)</b>	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.					
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305	
<b>Stimulators</b>	Prior authorization required		<b>Bone-growth stimulator</b>			
Implantation of a device that sends electrical impulses			E0747  <b>Neurostimulator</b> 61863 61885 63685 64570 L8685	E0748   61864 61886 64553 64590 L8686	E0749   61867 63650 64555 L8680 L8687	E0760   61868 63655 64568 L8682 L8688
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma (idecaptivegen cicleucel), Breyanzi				

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
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**Transplants (cont.)**

(lisocabtagene maraluelcel), Carvykti (ciltacabtagene autoleucl), Kymriah (tisagenlecleucl), Tecartus (brexucabtagene autoleucl) and Yescarta (axicabtagene ciloleucl), 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
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***
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\*Code 38232 will only require prior authorization for an oncology diagnosis.

\*\*\*For Unclassified codes J3490, J3590, and C9399, Amtagvi, Ryoncil, and Zynteglo will require Prior Authorization through Optum Transplant.

<b>Vein procedures</b>	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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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.			
		33927	33975	33976	33979
		33981	33982	33983	Q0507
		Q0508	Q0509		
<b>Wound vac</b>	Prior authorization required	E2402			

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