

# Prior authorization requirements for Virginia Cardinal Care LTSS

Effective May 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	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<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.			
<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	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
		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			
<b>Breast reconstruction (non-mastectomy) (cont.)</b> Reconstruction of the breast other than following mastectomy		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\*

**Pegfilgrastim-cbqv (Udenyca)**

Q5111\*

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-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> <b>Denosumab (Xgeva)</b> 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="https://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
			I70.239	I70.241	I70.242	I70.243
			I70.244	I70.245	I70.248	I70.249
			I70.25	I70.261	I70.262	I70.263

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PCA-1-26-00416-Clinical-QRG\_03022026



Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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> 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> .			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<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	69714	69930	L8614
		L8619	L8690	L8691	L8692
<b>Continuous glucose monitor</b>	Prior authorization required with type 2 diabetes diagnosis	A4226	A4239	A9276	A9277
		A9278	E0787	E2103	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	024.111	024.112
		024.113	024.119	024.12	024.13
		024.410	024.415	024.419	024.430
		024.435	024.439		
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	11971	14020	14021
		14040	14041	14060	14061
		14301	15820	15821	15822

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
<b>Cosmetic and reconstructive (cont.)</b> Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function.		15823	15830	15847	15877	
		17106	17107	17108	17999	
		21139	21172	21175	21179	
		21180	21230	21235	21256	
		21275	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	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67966	Q2026		

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

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211
C44.212	C44.219	C44.221	C44.222
C44.229	C44.291	C44.292	C44.299
C44.300	C44.301	C44.309	C44.310
C44.311	C44.319	C44.320	C44.321
C44.329	C44.390	C44.391	C44.399
C44.40	C44.41	C44.42	C44.49
C44.500	C44.501	C44.509	C44.510
C44.511	C44.519	C44.520	C44.521
C44.529	C44.590	C44.591	C44.599
C44.601	C44.602	C44.609	C44.611
C44.612	C44.619	C44.621	C44.622
C44.629	C44.691	C44.692	C44.699

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization				
<b>Cosmetic and reconstructive (cont.)</b>		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	
E0636			E0637	E0652	E0656	
E0669			E0670	E0675	E0693	
E0694			E0700	E0710	E0745	
E0762			E0764	E0766	E0784	
E0984			E0986	E1002	E1003	
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.		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	



Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		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 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 <b>surgical codes</b> with the following <b>Dx codes do require a prior auth:</b>			
		F64.0 F64.9	F64.1 Z87.890	F64.2	F64.8

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<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
		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>					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Injectable medications (cont.)</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>	J0585	J0586
		J0567	<b>Brineura</b>	J0587	J0588
		<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>			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
<b>Injectable medications (cont.)</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> 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>

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Injectable medications (cont.)</b>	Q0138				
	<b>Fynetra</b>				
	Q5130				
	<b>Gamifant</b>				
	J9210				
	<b>Gazyva</b>				
	J9301				
	<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>				
	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					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
<b>Injectable medications (cont.)</b>		<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
		<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	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
<b>Injectable medications (cont.)</b>		<b>Omvo</b> J2267 <b>Onpattro</b> J0222 <b>Orencia</b> J0129 <b>Otufi 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 <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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Injectable medications (cont.)</b>	<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				
	<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					



Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Injectable medications (cont.)</b>	<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>				
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>					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		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				
<p>Please check our <b>Review at Launch for New to Market Medications</b> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA). They're also included on our <b>Review at Launch Medication List</b>. 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.</p>					
<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</p>					

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Injectable medications (cont.)</b>		Notification tool on your dashboard. Or, you can connect with us 24/7 using our <b>Contact us</b> page. *** 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>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	24360 J7330 27130 27138 27486 29868	24361 S2112 27132 27412 27487	24362 27120 27134 27446 29866	24363 27125 27137 27447 29867
<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 S9960	A0431 S9961	A0435	A0436
<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.  Note: Only members 3 years of age and older require a prior auth.	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
<b>Orthognathic surgery</b> 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
<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 L0464 L0486 L0632 L0638 L0810 L1000 L1310	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		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
		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	

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		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		
<b>Private duty nursing</b>	Prior authorization required	T1000 S9125	T1002	T1003	T1030
<b>Prostate procedures</b>	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
<b>Radiation therapy</b>	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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Radiation therapy (cont.)		<p><b>Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT)</b>  77371                      77372                      77373</p> <p><b>Radiation treatment delivery</b>  77402*                      77407                      77412  79445*                      S2095*</p> <p>* 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:</p> <p>Bone Mets - ICD10: C79.51, C79.52</p> <p>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</p> <p>Prostate - ICD10: C61</p> <p>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</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>866-889-8054</b>.</p>

Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	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
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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Radiology (cont.)</b>	Certain CT, MRI, MRA and PET scans	<b><u><a href="http://UHCprovider.com">UHCprovider.com</a></u> and click on the <u><a href="#">UnitedHealthcare Provider Portal</a></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>.</b>			
		For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/VAcommunityplan">UHCprovider.com/VAcommunityplan</a> >Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program			
<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>			
		29823 29827	29824 29828	29825	29826
<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 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	
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22513 22533 22556	22101 22114 22212 22510 22514 22548 22558	22102 22206 22214 22511 22515 22551 22586	22110 22207 22220 22512 22532 22554 22590

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Spinal surgery (cont.)</b>		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		
<b>Stimulators</b>	Prior authorization required	<b>Bone-growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		61863	61864	61867	61868
		61885	61886	63650	63655
		63685	64553	64555	64568
		64570	64590	L8680	L8682
	L8685	L8686	L8687	L8688	
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma (idecaptive cicleucel), Breyanzi (lisocabtagene maralucecel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Yescarta (axicabtagene ciloleucel), please call the UnitedHealthcare Community Plan Transplant Case Management team at <b>888-936-7246</b> 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



Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
<b>Transplants (cont.)</b>		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
			<b>CAR T-cell therapy</b>		
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	Q2058
		<b>Gene therapy</b>			
		J3490***	J3590***	C9399***	
		*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
<b>Ventricular assist devices (VAD)</b>	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		
<b>Wound vac</b>	Prior authorization required	E2402			