

Prior authorization requirements for Wisconsin Medicaid

Effective January 1, 2026

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Wisconsin health care professionals providing inpatient and outpatient services. Please submit your prior authorization 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 in 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:** 877-651-6677

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 43848	43645 43842 43860	43659 43846	43770 43847
Behavioral health services	Prior authorization required 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 or substance use services.			
Birth to age 3 program and in-school therapies	Prior authorization is required for all therapies in lieu of or in addition to the birth to age 3 program or school-based treatments.				
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	11971	
		Prior Auth NOT required for diagnosis codes listed below:			
		C50.011	C50.012	C50.019	C50.021
		C50.022	C50.029	C50.111	C50.112
		C50.119	C50.121	C50.122	C50.129
		C50.211	C50.212	D05.219	D05.221
		D05.222	C50.229	C50.311	C50.312
		C50.319	C50.321	C50.322	C50.329
		C50.411	C50.412	C50.419	C50.421
		C50.422	C50.429	C50.511	C50.512
		C50.519	C50.521	C50.522	C50.529
		C50.611	C50.612	C50.619	C50.621
		C50.622	C50.629	C50.811	C50.812
		C50.819	C50.821	C50.822	C50.829
		C50.911	C50.912	C50.919	C50.921
		C50.922	C50.929	C79.81	D05.00
		D05.01	D05.02	D05.10	D05.11
		D05.12	D05.80	D05.81	D05.82
		D05.90	D05.91	D05.92	Z42.1
		Z85.3	Z90.10	Z90.11	Z90.12
		Z90.13			

Cancer supportive care

Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis (Dx)
*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, and Q5148 also require prior authorization for non-oncology Dx. See Injectable medications section below.

Injectable colony-stimulating factor drugs that require prior authorization:

Bio similar (Zarxio)

Q5101*

Eflapegrastim-xnst (Rolvedon)

J1449*

Filgrastim (Neupogen)

J1442*

Filgrastim-aafi (Nivestym)

Q5110*

Filgrastim-ayow, (Releuko)

Q5125*

Pegfilgrastim (Neulasta)

J2506*

Pegfilgrastim-apgf, biosimilar (Nyvepria)

Q5122*

Pegfilgrastim-bmez (Ziextenzo)

Q5120*

Pegfilgrastim-cbqv (UDENYCA)

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Cancer supportive care (cont.)		Q5111* Pegfilgrastim-jmdb (Fulphila) Q5108 Sargramostim (Leukine) J2820 Tbo-filgrastim (Granix) J1447* Trilaciclib (Cosela) J1448* <u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u> J0885 <u>Bone-modifying agent that requires prior authorization:</u> Denosumab 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**.

Cardiovascular	Prior authorization required for lower extremities angiogram only	93580				
		No prior authorization is 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	
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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 Healthcare Common Procedure Coding System (HCPCS) code

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Cochlear implants and other auditory implants

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

Continuous glucose monitor

Prior authorization required with Type 2 Diabetes Diagnosis

A9276	A9277	A9278	A4239
E2102	E2103		

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Continuous glucose monitor (cont.)		E11.319	E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function.	Prior authorization required	11960	14061	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026	14020	14021	
Prior authorization not required when billed with the following Dx codes below:					
	C43.0	C43.10	C43.111	C43.112	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (cont.) Reconstructive procedures that either treat a medical condition or improve or restore physiologic function		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
		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 DME codes listed with a retail purchase or a	A9900	E0194	E0265	E0266
		E0277	E0328	E0329	E0445
		E0457	E0465	E0466	E0470

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)	cumulative rental cost of more than \$500. Prosthetics are not DME – see Orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold – see Home health care.	E0471	E0483	E0486	E0652
		E0656	E0669	E0745	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1007	E1008
		E1009	E1010	E1030	E1036
		E1825	E2227	E2228	E2230
		E2310	E2311	E2322	E2325
		E2327	E2329	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	S1040	T1999	V2786
		V5274	V5281		
Enteral services	Prior authorization required	B4035	B4036	B4102	B4103
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4104	B9002		
Experimental and investigational (and/or linked services)	Prior authorization required	29914	29915	29916	33477
		36514	64722	65765	65767
		66180	A9274	E1831	S0810
		S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Gender dysphoria treatment	Prior authorization required	55970	55980		
		These surgical codes with the following Dx codes do require a prior auth:			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
		14000	14001	14020	14021
		14040	14041	14060	14301

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Gender dysphoria treatment (cont.)		14302	15734	15738	15750
		15757	15758	19303	53410
		53430	54125	54520	54660
		54690	55175	55180	55970
		55980	56625	56800	56805
		57110	57335	58661	58720
		58940	64856	64892	64896
Genetic and molecular testing to include BRCA	Prior authorization required	81415	81416	81417	81435
		81443	81445	81450	81455
		81277	81349	81441	81523
		81541	81542	81552	81162
		81163	81164	81415	81416
		81400	81401	81402	81403
		81404	81405	81406	81407
Home health care	Prior authorization required only in outpatient settings, to include member's home Note: G-codes aren't supported by the state.	99504	99600	G0299	S9123
		S9124	T1021	*Prior authorization is not required for Place of Service Hospice/Bill Type 81X or 82X.	
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
Incontinence supplies	Prior authorization required	T4542			
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 .	Adakveo J0791 Adzynma J7171 Aldurazyme J1931 Alhemo J7173 Amvuttra J0225 Aralast NP, Prolastin – C, Zemaira J0256 Amondys-45 J1426 Avtozma			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		Q5156
		Azmiro
		J1072
		Benlysta
		J0490
		Beovu
		J0179
		Beqvez
		J1414
		Berinert
		J0597
		Briumvi
		J2329
		Byooviz
		Q5124
		Cimerli
		Q5128
		Cimzia
		J0717
		Cinryze
		J0598
		Conexxence
		Q5158
		Cosentyx
		J3247
		Cutaquig
		J1551
		Elaprase
		J1743
		Elfabrio
		J2508
		Encelto
		J3403
		Enjaymo
		J1302
		Evkeeza
		J1305
		Eylea HD
		J0177
		Eylea
		J0178

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		Fabrazyme
		J0180
		Fensolvi
		J1951
		Feraheme
		Q0138
		Firmagon
		J9155
		Fynetra
		Q5130
		Givlaari
		J0223
		Glassia
		J0257
		Hemgenix
		J1411
		Hemlibra
		J7170
		Hympavzi
		J7172
		Imuldosa IV
		Q5098
		Injectafer
		J1439
		Izervay
		J2782
		Jubbonti
		Q5136
		Kalbitor
		J1290
		Kanuma
		J2840
		Kisunla
		J0175
		Korsuva
		J0879
		Krystexxa
		J2507
		Lamzede
		J0217
		Lanreotide

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		J1932
		Leqembi
		J0174
		Leqvio
		J1306
		Lucentis
		J2778
		Lumizyme
		J0221
		Lupron Depot
		J1950
		Lupron Depot, Eligard
		J9217
		Lutrate_Depot***
		J1954
		Monoferic
		J1437
		Naglazyme
		J1458
		Nexviazyme
		J0219
		Niktimvo
		J9038
		Nplate
		J2802
		Nulibry
		J1809
		Nypozi
		Q5148
		Ocrevus Zunovo
		J2351
		Octreotide Acetate
		J2354
		OmvoH
		J2267
		Otulf IV
		Q9999
		Oxlumo
		J0224
		Pavblu
		Q5147

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		Piasky
		J1307
		Pombiliti
		J1203
		Prolia
		J0897
		Pyzchiva IV
		Q9997
		Qalsody
		J1304
		Qfitlia
		J7174
		Riabni
		Q5123
		Reblozyl
		J0896
		Releuko
		Q5125
		Rituxan
		J9312
		Rituxan Hycela
		J9311
		Roctavian
		J1412
		Ruconest
		J0596
		Ruxience
		Q5119
		Ryplazim
		J2998
		Rystiggo
		J9333
		Sandostatin LAR
		J2353
		Saphnelo
		J0491
		Scenesse
		J7352
		Selarsdi
		Q9998
		Signifor LAR

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		J2502			
		Skyrizi			
		J2327			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Soliris			
		J1299			
		Somatuline Depot			
		J1930			
		Spevigo			
		J1747			
		Stelara			
		J3358			
		Steqeyma IV			
		Q5099			
		Stoboclo			
		Q5157			
		Supprelin LA			
		J9226			
		Susvimo			
		J2779			
		Syfovre			
		J2781			
		Tepezza			
		J3241			
		Tezspire			
		J2356			
		Therapeutic Radiopharmaceuticals*			
		A9513	A9590	A9606	A9699
		A9607	A9615		
		Tofidence			
		Q5133			
		Trelstar			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur			
		J3316			
		Truxima			
		Q5115			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		Tyenne
		Q5135
		Tziel
		J9381
		Unclassified codes**
		J3490 J3590 C9399
		Uplizna
		J1823
		Vabysmo
		J2777
		Veopoz
		J9376
		Viltepso
		J1427
		Vimizim
		J1322
		Vyepti
		J3032
		Vyjuvek
		J3401
		Vyondys 53
		J1429
		Vyvgart
		J9332
		Vyvgart Hytrulo
		J9334
		Wezlana IV
		Q5138
		Xenpozyme
		J0218
		Xolair
		J2357
		Yesintek IV
		Q5100
		Zoladex
		J9202

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

** For unclassified and temporary codes C9399, J3490

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		and J3590, prior authorization is required for Amondys 45 (casimersen), Casgevy, Kebilidi, Lantidra, Ocrevus, Pavblu, Recovi, Rivfloza, Ryplazim, Starjemza, Viltepso, and Zunovo. *** For code J1954, Cancer DX is excluded from prior auth.			
Joint replacement	Prior authorization required	24360	24361	24362	24363
Joint, total hip and		24370	24371	27120	27125
knee		27130	27132	27134	27137
replacement		27138	27412	27446	27447
procedures		27486	27487	29866	29867
		29868	S2112		
Musculoskeletal	Prior authorization required	Shoulder surgery			
		23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required To request prior authorization for transportation, please call Medical Transportation Management at 866-907-1493 .	S9960	S9961		
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of		21141	21142	21143	21145
maxillofacial/jaw		21146	21147	21150	21151
functional		21154	21155	21159	21160
impairment		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1832	L1834	L1840
		L1844	L1845	L1846	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L2034	L2036	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	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	L5930	L5950	L5960
		L5961	L5962	L5964	L5966
		L5968	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5999	L6000
		L6010	L6020	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
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6707	L6708	L6709
		L6711	L6712	L6713	L6714

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		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	L7185
		L7186	L7190	L7191	L7405
		L8040	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
		L8610	L8612	L1820	
Pain injections and management	Prior authorization required	64490	64493		
Personal care service	Prior authorization required	T1019			
Private duty nursing	Prior authorization required	T1001	T1002	T1003	
Prostate procedures	Prior authorization required	52441 55873	52442	53850	53852
Radiation therapy	Prior authorization required	IGRT 77387 Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 Special/Associated Services 77331 77370 77399 77470 SRS/SBRT 77371 77372 77373 Standard Radiation Therapy (2D/3D) Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92 77402 77407 77412 Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445 S2095 Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: - Certain CT, MRI, MRA and PET scans - Nuclear medicine and nuclear cardiology procedures	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification Program .			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization required	Musculoskeletal System 29805 29820 29825			
		29806 29822 29827	29807 29823 29828	29819 29824	
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 22861	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819 22852 22899	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63001	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont.)		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	
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0760	
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8685	L8686	L8687	L8688
Transcranial Magnetic Stimulation (TMS)	Prior authorization required	90867	90868		
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma (Idecaptagene Cicleucel), Breyanzi (Lisocabtagene Maralucel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Yescarta (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont.)		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152	J3392	J3393	J3394
		C9399**	J3490**	J3590**	J9999**
		Q2041	Q2042	Q2056	Q2057
		J3391	Q2058	J3402	
		Gene therapy J3490**** J3590**** C9399**** *Code 38232 will only require prior authorization for an oncology diagnosis. **For unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma, and Breyanzi. **** For Unclassified codes J3490, J3590, and C9399, Amtagvi, Skysona, and Zevaskyn 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
		37780			
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			