

Prior Authorization Requirements for Wisconsin Medicaid

Effective October 1, 2024

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Wisconsin for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on 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 on your Provider Portal dashboard.
- **Phone:** 877-651-6677

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

| 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 | 43645 | 43659 | 43770 |
| | | 43775 | 43842 | 43846 | 43847 |
| | | 43848 | 43860 | | |
| 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 | | |
| 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 | |
| Cancer supportive care | Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents | Injectable colony-stimulating factor drugs that require prior authorization: Bio similar (Zarxio) | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

| | | |
|--|---|--|
| Cancer supportive care (cont.) | administered in an outpatient setting for a cancer diagnosis. | Q5101 |
| | | Eflapegrastim-xnst (Rolvedon) |
| | | J1449 |
| | | Filgrastim (Neupogen) |
| | | J1442 |
| | | Filgrastim-aafi (Nivestym) |
| | | Q5110 |
| | | Filgrastim-ayow, (Releuko) |
| | | Q5125 |
| | | Pegfilgrastim (Neulasta) |
| | | J2506 |
| | | Pegfilgrastim-appgf, biosimilar (Nyvepria) |
| | | Q5122 |
| | | Pegfilgrastim-bmez (Ziextenzo) |
| | | Q5120 |
| | | Pegfilgrastim-cbqv (UDENYCA) |
| | | 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 |
| For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 . | | |

| | | | | | |
|-----------------------|--|---|---------|---------|---------|
| Cardiovascular | Prior authorization is required for lower extremities angiogram only | 37220* | 37221* | 37224* | 37225* |
| | | 37226* | 37227* | 37228* | 37229* |
| | | 37230* | 37231* | 93580* | |
| | | *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 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------------|------------------------|--|----------|----------|----------|
| Cardiovascular (continued) | | 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 |
| | | M86.261 | M86.262 | M86.269 | M86.271 |
| | | M86.272 | M86.279 | M86.28 | M86.29 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|----------|----------|----------|
| Cardiovascular (cont.) | | M86.30 | M86.351 | M86.352 | M86.359 |
| | | M86.361 | M86.362 | M86.369 | M86.371 |
| | | M86.372 | M86.379 | M86.38 | M86.39 |
| | | M86.40 | M86.451 | M86.452 | M86.459 |
| | | M86.461 | M86.462 | M86.469 | M86.471 |
| | | M86.472 | M86.479 | M86.48 | M86.49 |
| | | M86.50 | M86.551 | M86.552 | M86.559 |
| | | M86.561 | M86.562 | M86.571 | M86.572 |
| | | M86.579 | M86.58 | M86.59 | M86.60 |
| | | M86.651 | M86.652 | M86.659 | M86.661 |
| | | M86.662 | M86.669 | M86.671 | M86.672 |
| | | M86.679 | M86.68 | M86.69 | M86.8X0 |
| | | M86.8X5 | M86.8X6 | M86.8X7 | M86.8X8 |
| | | M86.8X9 | M86.9 | I96 | L03.115 |
| | | L03.116 | Q27.30 | Q27.32 | Q27.39 |
| | | Q27.8 | Q27.9 | Q87.2 | S35.511A |
| | | S35.512A | T82.312A | T82.318A | T82.319A |
| | | T82.338A | T82.392A | T82.398A | T82.399A |
| | | T82.898A | I73.00 | I73.01 | I73.1 |
| | | I73.81 | | | |
| Chemotherapy | Prior authorization is 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) <ul style="list-style-type: none"> • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 . | | | |
| Cochlear implants and other auditory implants | Prior authorization required | 69710 | 69714 | 69930 | L8614 |
| | | L8619 | L8690 | L8691 | L8692 |
| A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech | | | | | |
| Continuous glucose monitor | Prior authorization required with Type 2 Diabetes Diagnosis | A9276 | A9277 | A9278 | A4239 |
| | | E2102 | E2103 | | |
| Cosmetic and reconstructive | Prior authorization required | 11960 | 14061* | 15820 | 15821 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------|--|----------|----------|----------|
| Cosmetic and reconstructive (cont.) | | 15822 | 15823 | 15830 | 15847 |
| | | 17106 | 17107 | 17108 | 17999 |
| | | 21137 | 21138 | 21139 | 21172 |
| Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function | | 21175 | 21179 | 21180 | 21181 |
| | | 21182 | 21183 | 21184 | 21230 |
| | | 21235 | 21256 | 21275 | 21280 |
| | | 21282 | 21295 | 21740 | 21742 |
| | | 21743 | 28344 | 30620 | 67900 |
| Reconstructive procedures that either treat a medical condition or improve or restore physiologic function | | 67901 | 67902 | 67903 | 67904 |
| | | 67906 | 67908 | 67909 | 67911 |
| | | 67912 | 67914 | 67915 | 67916 |
| | | 67917 | 67921 | 67922 | 67923 |
| | | 67924 | 67950 | 67961 | 67966 |
| | | Q2026 | 14020* | 14021* | |
| *Effective 5/1/23 – Codes 14020, 14021 and 14061 do NOT require a prior auth when billed with a DX code below. | | | | | |
| | | C43.0 | C43.10 | C43.111 | C43.112 |
| | | C43.121 | C43.122 | C43.20 | C43.21 |
| | | C43.22 | C43.30 | C43.31 | C43.39 |
| | | C43.4 | C43.51 | C43.52 | C43.59 |
| | | C43.60 | C43.61 | C43.62 | C43.70 |
| | | C43.71 | C43.72 | C43.8 | C43.9 |
| | | C44.01 | C44.02 | C44.09 | C44.101 |
| | | C44.1021 | C44.1022 | C44.1091 | C44.1092 |
| | | C44.111 | C44.1121 | C44.1122 | C44.1191 |
| | | C44.1192 | C44.121 | C44.1221 | C44.1222 |
| | | C44.1291 | C44.1292 | C44.131 | C44.1321 |
| | | C44.1322 | C44.1391 | C44.1392 | C44.191 |
| | | C44.1921 | C44.1922 | C44.1991 | C44.1992 |
| | | C44.201 | C44.202 | C44.209 | C44.211 |
| | | C44.212 | C44.219 | C44.221 | C44.222 |
| | | C44.229 | C44.291 | C44.292 | C44.299 |
| | | C44.300 | C44.301 | C44.309 | C44.310 |
| | | C44.311 | C44.319 | C44.320 | C44.321 |
| | | C44.329 | C44.390 | C44.391 | C44.399 |
| | | C44.40 | C44.41 | C44.42 | C44.49 |
| | | C44.500 | C44.501 | C44.509 | C44.510 |
| | | C44.511 | C44.519 | C44.520 | C44.521 |
| | | C44.529 | C44.590 | C44.591 | C44.599 |
| | | C44.601 | C44.602 | C44.609 | C44.611 |
| | | C44.612 | C44.619 | C44.621 | C44.622 |
| | | C44.629 | C44.691 | C44.692 | C44.699 |
| | | C44.701 | C44.702 | C44.709 | C44.711 |
| | | C44.712 | C44.719 | C44.721 | C44.722 |
| | | C44.729 | C44.791 | C44.792 | C44.799 |
| | | C44.80 | C44.81 | C44.82 | C44.89 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|---------|---------|---------|
| Cosmetic and reconstructive (cont.) | | 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 is required only for DME codes listed with a retail purchase or a cumulative rental cost of more than \$500. | A9900 | E0194 | E0265 |
| E0277 | | | E0328 | E0329 | E0445 |
| E0457 | | | E0465 | E0466 | E0470 |
| E0471 | | | E0483 | E0486 | E0652 |
| Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> . | | 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 In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B4035 | B4036 | B4102 | B4103 |
| | | B4104 | B9002 | | |
| Experimental and investigational (and/or linked services) | Prior authorization required | 29914 | 29915 | 29916 | 33477 |
| | | 36514 | 64722 | 65765 | 65767 |
| | | 66180 | A9274 | E1831 | S0810 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|---------|-------|-------|
| Experimental and investigational (and/or linked services) (cont.) | | S9990 | S9991 | | |
| Femoroacetabular impingement syndrome (FAI) (cont.) | 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: | | | |
| | | F64.0 | F64.1 | F64.2 | F64.8 |
| | | F64.9 | Z87.890 | | |
| | | 14000 | 14001 | 14020 | 14021 |
| | | 14040 | 14041 | 14060 | 14301 |
| | | 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 | 81162 | 81163 | 81164 | 81228 |
| | | 81229 | 81400 | 81401 | 81402 |
| | | 81403 | 81404 | 81405 | 81406 |
| | | 81407 | 81408 | 81410 | 81411 |
| | | 81413 | 81414 | 81420 | 81431 |
| | | 81437 | 81438 | 81439 | 81440 |
| | | 81460 | 81465 | 81479 | 81507 |
| | | 81518 | 81519 | 81546 | 81595 |
| | | 81599 | 87505 | 87506 | 87507 |
| | | 81267 | 81268 | 81331 | 81364 |
| Home health care | Prior authorization is required only in outpatient settings, to include member's home | 99504 | 99600 | G0299 | S9123 |
| | Note: G-codes aren't supported by the state. | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------------|--|---|
| Incontinence supplies | Prior authorization required | T4542 |
| Injectable medications | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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 888-397-8129. | Adakveo J0791 Aduhelm J0172 Adzynma J7171 Aldurazyme J1931 Aralast NP, Prolastin – C, Zemaira J0256 Amondys-45 J1426 Apretude J0739 Benlysta J0490 Beovu J0179 Berinert J0597 Briumvi J2329 Byooviz Q5124 Cimerli Q5128 Cimzia J0717 Cinryze J0598 Cosentyx J3247 Cutaquig J1551 Elaprase J1743 Elfabrio J2508 Enjaymo J1302 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

Injectable medications
(cont.)

Evkeeza
 J1305
Eylea HD
 J0177
Eylea
 J0178
Fabrazyme
 J0180
Fensolvi
 J1951
Feraheme
 Q0138
Firmagon
 J9155
Fylnetra
 Q5130
Givlaari
 J0223
Glassia
 J0257
Hemgenix
 J1411
Injectafer
 J1439
Izervay
 J2782
Kalbitor
 J1290
Kanuma
 J2840
Korsuva
 J0879
Krystexxa
 J2507
Lamzedo
 J0217
Lanreotide
 J1932
Leqembi****
 J0174

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|--------------------------------|------------------------|--|
| Injectable medications (cont.) | | Leqvio J1306 |
| | | Lucentis J2778 |
| | | Lumizyme J0221 |
| | | Lupron Depot J1950 |
| | | Lupron Depot, Eligard J9217 |
| | | Monoferric J1437 |
| | | Naglazyme J1458 |
| | | Nexviazyme J0219 |
| | | Nplate J2796 |
| | | Octreotide Acetate J2354 |
| | | Omvoh J2267 |
| | | Oxlumo J0224 |
| | | Pombiliti J1203 |
| | | Prolia*** J0897 |
| | | Qalsody J1304 |
| | | Riabni Q5123 |
| | | Reblozyl J0896 |
| | | Releuko Q5125 |
| | | Rituxan J9312 |
| | | Rituxan Hycela J9311 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|--------------------------------|--|-------|-------|-------|--|
| Injectable medications (cont.) | Roctavian | | | | |
| | J1412 | | | | |
| | Ruconest | | | | |
| | J0596 | | | | |
| | Ruxience | | | | |
| | Q5119 | | | | |
| | Ryplazim | | | | |
| | J2998 | | | | |
| | Rystiggo | | | | |
| | J9333 | | | | |
| | Sandostatin LAR | | | | |
| | J2353 | | | | |
| | Saphnelo | | | | |
| | J0491 | | | | |
| | Scenesse | | | | |
| | J7352 | | | | |
| | Signifor LAR | | | | |
| | J2502 | | | | |
| | Skyrizi | | | | |
| | J2327 | | | | |
| | Sodium Hyaluronate | | | | |
| | J7320 | J7321 | J7322 | J7324 | |
| | J7325 | J7326 | J7327 | J7329 | |
| | J7331 | J7332 | | | |
| | Somatuline Depot | | | | |
| | J1930 | | | | |
| | Spevigo | | | | |
| | J1747 | | | | |
| | Stelara | | | | |
| | J3358 | | | | |
| | Supprelin LA | | | | |
| | J9226 | | | | |
| | Susvimo | | | | |
| | J2779 | | | | |
| | Syfovre | | | | |
| | J2781 | | | | |
| | Tepezza | | | | |
| | J3241 | | | | |
| | Tezspire | | | | |
| | J2356 | | | | |
| | Therapeutic Radiopharmaceuticals* | | | | |
| | A9513 | A9590 | A9606 | A9699 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

| | | | | | |
|--------------------------------|-----------------------------|-------|-------|-------|--|
| Injectable medications (cont.) | A9607 | | | | |
| | Tofidence***** | | | | |
| | Q5133 | | | | |
| | Trelstar | | | | |
| | J3315 | | | | |
| | Triptodur | | | | |
| | J3316 | | | | |
| | Truxima | | | | |
| | Q5115 | | | | |
| | Tyenne***** | | | | |
| | Q5135 | | | | |
| | Tzield | | | | |
| | J9381 | | | | |
| | Unclassified codes** | | | | |
| | J3490 | J3590 | C9167 | C9168 | |
| | C9399 | C9172 | | | |
| | Uplizna | | | | |
| | J1823 | | | | |
| | Vabysmo | | | | |
| | J2777 | | | | |
| | Veopoz | | | | |
| | J9376 | | | | |
| | Viltepso | | | | |
| | J1427 | | | | |
| | Vimizim | | | | |
| | J1322 | | | | |
| | Vyepti | | | | |
| | J3032 | | | | |
| | Vyjuvek | | | | |
| | J3401 | | | | |
| | Vyondys 53 | | | | |
| | J1429 | | | | |
| | Vyvgart | | | | |
| | J9332 | | | | |
| | Vyvgart Hytrulo | | | | |
| | J9334 | | | | |
| | Xenpozyme | | | | |
| | J0218 | | | | |
| | Xolair | | | | |
| | J2357 | | | | |
| | Zoladex | | | | |
| | J9202 | | | | |
| | Zymfentra***** | | | | |
| | J1748 | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

Injectable medications (cont.)

* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
 Or, call **888-397-8129**.
 ** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is required for Amondys 45 (casimersen), Casgev, Lantidra, Revcovi, Rivfloza, Ryplazim, and Vilteps. Effective April 1, 2024 – Adzynma only use temp codes J3490, J3590, C9167.
 **Effective Oct 1, 2024: code C9172, prior authorization is only required for Beqvez.
 ***Effective Jan 1, 2023 Prior authorization required for J0897 for non oncology DX.
 **** Effective Aug 1, 2023 Prior authorization required for J0174.
 *****Effective Oct 1, 2024: Prior authorization required for Q5133, Q5135, and J1748.

| | | | | | |
|--|---|-------------------------|-------|-------|-------|
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27125 |
| | | 27130 | 27132 | 27134 | 27137 |
| | | 27138 | 27412 | 27446 | 27447 |
| | | 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 |
| | | 21141 | 21142 | 21143 | 21145 |
| Treatment of maxillofacial/jaw functional impairment | | 21146 | 21147 | 21150 | 21151 |
| | | 21154 | 21155 | 21159 | 21160 |
| | | 21188 | 21193 | 21194 | 21195 |
| | | 21196 | 21198 | 21199 | 21206 |
| | | 21208 | 21209 | 21210 | 21215 |
| | | 21240 | 21242 | 21244 | 21245 |
| | | 21246 | 21247 | 21248 | 21249 |
| | 21255 | 21296 | 21299 | | |
| Orthotics and prosthetics | Prior authorization is 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-----------------------------------|------------------------|--|-------|-------|-------|
| Orthotics and prosthetics (cont.) | | 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 |
| | | 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 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|-------|-------|-------|
| Orthotics and prosthetics (cont.) | | 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 |
| | | 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 77014 | 77387 | G6001 | G6002 |
| | | IMRT Intensity-Modulated Radiation Therapy 77385 | 77386 | G6015 | G6016 |
| | | 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 | G0339 |
| | | G0340 | | | |
| | | 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 77401 | 77402 | 77407 | 77412 |
| | | G6003 | G6004 | G6005 | G6006 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Radiation therapy (cont.) | | G6007 | G6008 | G6009 | G6010 |
| | | G6011 | G6012 | G6013 | G6014 |
| | Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445 | | S2095 | | |
| | | <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on 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 on your Provider Portal dashboard or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCProvider.com/WIcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program</p> | | | |
| Radiology | <p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures | <p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.</p> <p>Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/WIcommunityplan Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p> | | | |
| Rhinoplasty and septoplasty | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| | | 30435 | 30450 | 30460 | 30462 |
| Treatment of nasal functional impairment and septal deviation | | 30465 | | | |
| Shoulder surgery | Prior authorization required | Musculoskeletal System | | | |
| | SOS applies to all codes in this category | 29805 | 29806 | 29807 | 29819 |
| | | 29820 | 29822 | 29823 | 29824 |
| | | 29825 | 29826 | 29827 | 29828 |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Sleep apnea procedures and surgeries | Prior authorization required | 21685 | 41599 | 42145 | |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | | | | | |
| Spinal surgery | Prior authorization required | 22100 | 22101 | 22102 | 22110 |
| | | 22112 | 22114 | 22206 | 22207 |
| | | 22210 | 22212 | 22214 | 22220 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|---|-------|-------|-------|
| Spinal surgery (cont.) | | 22224 | 22510 | 22511 | 22512 |
| | | 22513 | 22514 | 22515 | 22532 |
| | | 22533 | 22548 | 22551 | 22554 |
| | | 22556 | 22558 | 22586 | 22590 |
| | | 22595 | 22600 | 22610 | 22612 |
| | | 22630 | 22633 | 22800 | 22802 |
| | | 22804 | 22808 | 22810 | 22812 |
| | | 22818 | 22819 | 22830 | 22849 |
| | | 22850 | 22852 | 22855 | 22856 |
| | | 22861 | 22899 | 63001 | 63003 |
| | | 63005 | 63011 | 63012 | 63015 |
| | | 63016 | 63017 | 63020 | 63030 |
| | | 63040 | 63042 | 63045 | 63046 |
| | | 63047 | 63050 | 63055 | 63056 |
| | | 63064 | 63075 | 63077 | 63081 |
| | | 63085 | 63087 | 63090 | 63101 |
| | | 63102 | 63170 | 63172 | 63173 |
| | | 63185 | 63190 | 63191 | 63200 |
| | | 63250 | 63251 | 63252 | 63265 |
| | | 63267 | 63268 | 63270 | 63271 |
| | 63272 | 63286 | 63300 | 63301 | |
| | 63302 | 63303 | 63304 | 63305 | |
| | 63306 | 63307 | 63308 | | |
| 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 Maralucecel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Yescarta (axicabtagene cilolucecel), 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-----------|---------|-------|
| Transplants (cont.) | | 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 | J3393 | J3394 | |
| | | CAR-T Cell therapy: | | | |
| | 0537T | 0538T | 0539T | 0540T | |
| | C9399** | J3490** | J3590** | J9999** | |
| | Q2041 | Q2042 | Q2056 | | |
| | 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. | | | | |
| | **** Effective 7/1/24 For Unclassified codes J3490, J3590, and C9399, Amtagvi and Lenmeldy will require Prior Authorization through Optum Transplant | | | | |
| | **** Effective 1/1/23 For Unclassified codes J3490, J3590, and C9399, Skysona will require Prior Authorization through Optum Transplant | | | | |
| Vein procedures | Prior authorization required | | | | |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | | 36473 | 36475 | 36478 | 37700 |
| | | 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 | | | |