

Prior authorization requirements for Wisconsin Medicaid

Effective April 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, Q5136, Q5157, Q5158, Q5159 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)
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care (cont.)		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 Bildyos Q5162 Briumvi J2329 Byooviz Q5124 Cimerli Q5128 Cimzia J0717 Cinryze J0598 Conexence Q5158 Cosentyx J3247 Cutaquig J1551 Elaprase J1743 Elfabrio J2508 Encelto J3403 Enjaymo J1302 Evkeeza J1305 Eylea HD J0177

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		Eylea J0178 Fabrazyme J0180 Fensolvi J1951 Feraheme Q0138 Firmagon J9155 Fynetra Q5130 Givlaari J0223 Glassia J0257 Hemgenix J1411 Hemlibra J7170 Hympavzi J7172 Imaavy J9256 Imuldosa IV Q5098 Injectafer J1439 Izervay J2782 Jubbonti Q5136 Kalbitor J1290 Kanuma J2840 Kisunla J0175 Korsuva J0879 Krystexxa

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		J2507 Lamzede J0217 Lanreotide J1932 Leqembi J0174 Leqvio J1306 Lucentis J2778 Lumizyme J0221 Lupron Depot J1950 Lupron Depot, Eligard J9217 Lutrate_Depot*** J1954 Monoferric J1437 Naglazyme J1458 Nexviazyme J0219 Niktimvo J9038 Nplate J2802 Nulibry J1809 Nypozi Q5148 Ocrevus Zunovo J2351 Octreotide Acetate J2354 OmvoH J2267 Otulf IV Q9999

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		Oxlumo J0224
		Papzimeos J3404
		Pavblu Q5147
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)	J0491				
	Scenesse				
	J7352				
	Selarsdi				
	Q9998				
	Signifor LAR				
	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					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (cont.)	Tremfya IV			
	J1628			
	Triptodur			
	J3316			
	Truxima			
	Q5115			
	Tyenne			
	Q5135			
	Tzield			
	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				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)		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 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 knee replacement procedures		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
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		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 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		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	L6050	
	L6055	L6100	L6110	L6120	
	L6130	L6200	L6205	L6250	
	L6300	L6310	L6320	L6350	
	L6360	L6370	L6380	L6382	
	L6384	L6400	L6450	L6500	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		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 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 Radiation treatment delivery 77402* 77407 77412 * Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation: Bone Mets - ICD10: C79.51, C79.52			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Radiation therapy (cont.)

Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A

Prostate - ICD10: C61

Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:
 Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

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**.

Radiology

Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:

- Certain CT, MRI, MRA and PET scans

Health care providers 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 **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, you can call **866-889-8054**.

For more details and the CPT codes that require prior authorization, please visit [UHCprovider.com/WIcommunityplan>Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program](https://UHCprovider.com/WIcommunityplan>PriorAuthorizationandNotificationResources>RadiologyPriorAuthorizationandNotificationProgram)



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Treatment of nasal functional impairment and septal deviation					
Shoulder surgery	Prior authorization required	Musculoskeletal System			
		29805	29806	29807	29819
		29820	29822	29823	29824
		29825	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
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont.)		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		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 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
		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	J3387

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont.)		J3389			
		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 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			