

# Prior Authorization Requirements for Rhode Island Medicaid

Effective July 1, 2022

## General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Rhode Island participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://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.
- **Phone:** 866-604-3267

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.

Facilities must provide admission notification even if advance notification was provided by a physician and a pre-service coverage approval is on file.

Prior authorization is the process where health care providers seek approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Adult day services</b>	Prior authorization required	S5102			
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	Prior authorization is not required for routine outpatient services.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services			
Behavioral health services through a designated behavioral health network	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction (non-mastectomy) (continued)</b>	Reconstruction of the breast, except when following mastectomy	19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
<b>Cancer supportive services</b>	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506*</p> <p><b>Pegfilgrastim-appgf, biosimilar (Nyvepria®)</b> Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Trilaciclib (Cosela®)</b> J1448*</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p><b><u>Antiemetic codes That Require Prior Authorization:</u></b> J0185      J1453      J1454      J1627</p>			

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](https://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**.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiology</b>	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes, prior to performance	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/RIcommunityplan">UHCprovider.com/RIcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</p>			
<b>Cardiovascular</b>	Prior authorization required for lower extremities angiogram	37220	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*	93580	
		*Prior authorization required for the following diagnosis codes:			
		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	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	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	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	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	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	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		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
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	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	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9
		173.89	173.9	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		177.1	177.2	177.70	177.72
		177.77	177.79	196	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
	L97.519	L97.521	L97.522	L97.529	
	L97.819	L97.828	L97.829	L97.909	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) 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 <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b> .			
<b>Cochlear and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E0787	A9276* K0553*	A9277* K0554*	A9278*
		*This code is for a product that is not reimbursable on the medical benefit. Requests for this product need to be submitted to OptumRx. Please contact the OptumRx Help Desk at 800-711-4555 for more information.			
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	11971	14020	14021
		14061	15820	15821	15822
		15823	15830	15847	15877

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15878	15879	17106	17107	
		17108	17999	21137	21138	
		21139	21172	21175	21179	
		21180	21181	21182	21183	
		21184	21230	21235	21256	
		21275	21280	21282	21295	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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		
<b>Durable medical equipment (DME)</b>	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194	
		E0265	E0266	E0270	E0277	
		E0300	E0328	E0329	E0445	
		E0457	E0460	E0465	E0466	
		Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	E0470	E0471	E0483	E0486
			E0620	E0636	E0637	E0652
			E0656	E0669	E0670	E0675
			E0693	E0694	E0700	E0710
			E0745	E0762	E0764	E0766
			E0784	E0984	E0986	E1002
	E1003		E1004	E1005	E1006	
	E1007		E1008	E1009	E1010	
	E1030		E1035	E1036	E1130	
	E1161		E1229	E1231	E1232	
	E1233		E1234	E1235	E1236	
	E1237		E1238	E1239	E1825	
	E2100		E2227	E2228	E2230	
	E2300		E2301	E2310	E2311	
	E2322		E2325	E2327	E2329	
	E2331		E2351	E2373	E2510	
	E2511		E2512	E2599	E2626	
	E2627	E2628	E2629	E2630		
	E8000	E8001	E8002	K0005		
	K0008	K0013	K0108	K0812		
	K0830	K0831	K0848	K0849		
	K0850	K0851	K0852	K0853		
	K0854	K0855	K0856	K0857		
K0858	K0859	K0860	K0861			
K0862	K0863	K0864	K0868			
K0869	K0870	K0871	K0877			
K0878	K0879	K0880	K0884			
K0885	K0886	K0890	K0891			
T1999	T5999	V2786	V5269			
V5270	V5271	V5272	V5274			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>		V5281	V5282	V5283	V5286
		V5287	V5288	V5290	
<b>Enteral services</b>	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Gender dysphoria treatment</b>	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            14041            15734  
15738            15750            15757            15758  
19303            53410            53430            54125  
54520            54660            54690            55175  
55180            56625            56800            56805  
57110            57335            58150            58180  
58260            58262            58290            58291  
58541            58542            58543            58544  
58550            58552            58553            58554  
58570            58571            58572            58573  
58661            58720            58940            64856  
64892            64896

<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting. Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81168	81170	81171	81172
		81173	81174	81175	81176
		81177	81178	81179	81180
		81181	81182	81183	81184
		81185	81186	81187	81188
		81189	81190	81191	81192
		81193	81194	81200	81201
		81203	81204	81205	81208
		81209	81212	81216	81218
	81220	81222	81223	81224	
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (continued)</b>	the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81225	81226	81227	81228
		81229	81230	81231	81232
		81233	81234	81236	81237
		81238	81239	81240	81241
		81242	81243	81244	81245
		81246	81247	81248	81249
		81250	81251	81252	81253
		81254	81255	81256	81257
		81258	81259	81260	81261
		81262	81263	81264	81265
		81266	81267	81268	81269
		81271	81272	81273	81274
		81276	81278	81279	81283
		81284	81285	81286	81287
		81288	81289	81290	81291
		81292	81294	81295	81297
		81298	81300	81302	81303
		81304	81305	81306	81307
		81309	81310	81312	81313
		81314	81315	81316	81317
		81318	81319	81320	81321
		81322	81323	81324	81325
		81326	81327	81328	81329
		81330	81331	81332	81333
		81334	81335	81336	81337
		81338	81339	81340	81341
		81342	81343	81344	81345
		81346	81347	81348	81349
		81350	81351	81352	81353
		81355	81357	81360	81361
		81362	81363	81364	81370
		81371	81372	81373	81375
		81376	81377	81378	81379
		81380	81381	81382	81383
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81419	81420	81430
		81431	81432	81433	81434
81435	81436	81437	81438		
81439	81440	81442	81445		
81448	81460	81465	81470		
81471	81479	81507	81518		
81519	81520	81521	81522		
81523	81546	81554	81595		
81599	87481	87482	87505		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (continued)</b>		87506	87507	87510	87511
		87512	87623	87797	87798
		87799	87800	87801	0001U
		0004M	0006M	0007M	0012U
		0013U	0014U	0016U	0017U
		0018U	0022U	0023U	0026U
		0027U	0030U	0031U	0032U
		0033U	0034U	0040U	0046U
		0049U	0055U	0060U	0068U
		0070U	0071U	0072U	0073U
		0074U	0075U	0076U	0084U
		0087U	0088U	0097U	0111U
		0129U	0136U	0137U	0154U
		0155U	0157U	0158U	0159U
		0160U	0161U	0168U	0169U
		0170U	0171U	0172U	0173U
		0175U	0177U	0179U	0180U
		0181U	0182U	0183U	0184U
		0185U	0186U	0187U	0188U
		0189U	0190U	0191U	0192U
		0193U	0194U	0195U	0196U
		0197U	0198U	0199U	0200U
		0201U	0203U	0205U	0209U
		0214U	0215U	0216U	0217U
		0218U	0221U	0222U	0229U
		0230U	0231U	0232U	0234U
		0235U	0236U	0237U	0238U
		0245U	0246U	0250U	0252U
		0253U	0254U	0258U	0260U
		0262U	0264U	0265U	0266U
		0267U	0268U	0269U	0270U
		0271U	0272U	0273U	0274U
		0276U	0277U	0278U	0282U
		0285U	0286U	0287U	0288U
		0289U	0290U	0291U	0292U
		0293U	0294U	0296U	0297U
	0298U	0299U	0300U	S3870	
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	G0493	G0494
		G0495	G0496	S9122	S9123
		S9124	S9474		
<b>Hospice</b>	Prior authorization required	T2042	T2043	T2044	T2045

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Aldurazyme®</b>			
		J1931			
		<b>Amondys 45</b>			
		J1426			
		<b>Apretude</b>			
		J0739			
		<b>Aralast NP, Prolastin – C, Zemaira</b>			
		J0256			
		<b>Avsola™</b>			
		Q5121			
		<b>Benlysta</b>			
		J0490			
		<b>Berinert®</b>			
		J0597			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura™</b>			
		J0567			
		<b>Cabenuva</b>			
		J0741			
		<b>Cerezyme®</b>			
		J1786			
		<b>Cimzia®*</b>			
		J0717			
		<b>Cinqair®</b>			
		J2786			
		<b>Cinryze®</b>			
		J0598			
		<b>Crysvita®</b>			
		J0584			
		<b>Elaprase®</b>			
		J1743			
		<b>Elelyso®</b>			
		J3060			
		<b>Entyvio®</b>			
		J3380			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<b>Erythropoiesis Stimulating Agents****</b>			
		J0885			
		<b>Evenity™</b>			
		J3111			
		<b>Evkeeza</b>			
		J1305			
		<b>Exondys 51™</b>			
		J1428			
		<b>Fabrazyme®</b>			
		J0180			
		<b>Fasenra™</b>			
		J0517			
		<b>Fensolvi®</b>			
		J1951			
		<b>Feraheme®</b>			
		Q0138			
		<b>Firmagon®</b>			
		J9155			
		<b>Gamifant®</b>			
		J9210			
		<b>Givlaari®</b>			
		J0223			
		<b>Glassia®</b>			
		J0257			
		<b>Ilaris®</b>			
		J0638			
		<b>Ilumya™</b>			
		J3245			
		<b>Inflectra®</b>			
		Q5103			
		<b>Injectafer®</b>			
		J1439			
		<b>IVIG</b>			
		90283	90284	J1459	J1554
		J1555	J1556	J1557	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1599	
		<b>Kalbitor®</b>			
		J1290			
		<b>Kanuma®</b>			
		J2840			
		<b>Krystexxa®</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)		J2507		
		<b>Lemtrada®</b>		
		J0202		
		<b>Leqvio®</b>		
		J1306		
		<b>Lumizyme®</b>		
		J0221		
		<b>Lupron Depot®</b>		
		J1950		
		<b>Lupron Depot, Eligard®</b>		
		J9217		
		<b>Luxturna™</b>		
		J3398		
		<b>Makena®</b>		
		J1726	J1729	J2675
		<b>Mepsevii®</b>		
		J3397		
		<b>Monoferric®</b>		
		J1437		
		<b>Naglazyme®</b>		
		J1458		
		<b>Nexviazyme®</b>		
		J0219		
		<b>Nplate®</b>		
		J2796		
		<b>Nucala®</b>		
		J2182		
		<b>Ocrevus™</b>		
		J2350		
		<b>Octreotide Acetate</b>		
		J2354		
		<b>Onpatro™</b>		
		J0222		
		<b>Orencia®</b>		
		J0129		
		<b>Oxlumo™</b>		
		J0224		
		<b>Parsabiv™</b>		
		J0606		
		<b>Probuphine®</b>		
		J0570		
		<b>Radicava®</b>		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1301			
		<b>Reblozyl®</b>			
		J0896			
		<b>Remicade®</b>			
		J1745			
		<b>Renflexis®</b>			
		Q5104			
		<b>Riabni™</b>			
		Q5123			
		<b>Rituxan®</b>			
		J9312			
		<b>Rituxan Hycela®</b>			
		J9311			
		<b>Ruconest®</b>			
		J0596			
		<b>Ruxience®</b>			
		Q5119			
		<b>Sandostatin® LAR</b>			
		J2353			
		<b>Saphnelo®</b>			
		J0491			
		<b>Scenesse®</b>			
		J7352			
		<b>Signifor® LAR</b>			
		J2502			
		<b>Simponi Aria®</b>			
		J1602			
		<b>Sodium Hyaluronate</b>			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		<b>Soliris®</b>			
		J1300			
	<b>Somatuline® Depot</b>				
	J1930				
	<b>Spinraza™</b>				
	J2326				
	<b>Spravato®</b>				
	S0013				
	<b>Stelara®</b>				
	J3358				
	<b>Sublocade™</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Q9991	Q9992		
		<b>Supprelin® LA</b>			
		J9226			
		<b>Synagis®*</b>			
		90378			
		<b>Tepezza®</b>			
		J3241			
		<b>Therapeutic Radiopharmaceuticals***</b>			
		A9513	A9590	A9606	A9699
		<b>Trelstar®</b>			
		J3315			
		<b>Triptodur®</b>			
		J3316			
		<b>Trogarzo™</b>			
		J1746			
		<b>Truxima®</b>			
		Q5115			
		<b>Ultomiris™</b>			
		J1303			
		<b>Unclassified codes**</b>			
		C9399	J3490	J3590	
		<b>Uplizna®</b>			
		J1823			
		<b>Vantas™</b>			
		J9225			
		<b>Viltepso™</b>			
		J1427			
	<b>Vimizim®</b>				
	J1322				
	<b>Vyepti™</b>				
	J3032				
	<b>Vyondys 53®</b>				
	J1429				
	<b>Vyvgart™</b>				
	J9332				
	<b>White blood cell colony stimulating factors*****</b>				
	J1442	J1447	J1448	J2506	
	Q5101	Q5108	Q5110	Q5111	
	Q5120	Q5122			
	<b>Xembify®</b>				
	J1558				
	<b>Xolair®</b>				

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

J2357  
**Zoladex®**  
 J9202  
**Zolgensma®**  
 J3399

Please check our Review at *Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The Review at *Launch for New to Market Medications* policy is available at [UHCprovider.com](http://UHCprovider.com) > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

\* Please obtain prior notification for Cimzia®, and Synagis through OptumRx prior notifications services at **800-310-6826**.

\*\* For unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is required only for Cutaquig®, Lupaneta Pack™, Nulibry, Purified Cortropin Gel, Revcovi and Ryplazim.

\*\*\*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://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 code J0885, prior authorization is required for both oncology and non-oncology DX.

Prior authorization is not required for ESRD diagnosis.

\*\*\*\*\*For codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX.

For oncology DX please see Cancer supportive care section above.

For non-oncology DX, submit online at [UHCProvider.com](http://UHCProvider.com) > Link > Prior Authorization and Notification tool on your link dashboard or call **877-842-3210**.

<b>Inpatient admissions</b>	Notification with service detail required (e.g., CPT/HCPCS code)
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<b>Inpatient admissions – post- acute services</b>	Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>
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<b>Joint replacement</b>	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27125

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Joint replacement (continued)</b>		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		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	
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1840
		L1844	L1845	L1846	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2136	L2350	L2510	L2526
		L2627	L2628	L3230	L3265
		L3649	L3671	L3674	L3720
		L3730	L3740	L3763	L3764
		L3900	L3901	L3904	L3905
		L3961	L3971	L3975	L3976
		L3977	L3999	L4000	L4010
		L4020	L4631	L5010	L5020
		L5050	L5060	L5100	L5105
		L5150	L5160	L5200	L5210
		L5220	L5230	L5250	L5270
		L5280	L5301	L5312	L5321
L5331	L5341	L5400	L5420		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L5460	L5500	L5505	L5510
		L5520	L5530	L5535	L5540
		L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5610
		L5613	L5614	L5616	L5639
		L5640	L5642	L5643	L5644
		L5646	L5647	L5648	L5649
		L5651	L5653	L5661	L5673
		L5682	L5683	L5700	L5702
		L5703	L5705	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5790	L5795
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5845	L5848
		L5857	L5858	L5930	L5950
		L5960	L5961	L5962	L5964
		L5966	L5968	L5973	L5976
		L5979	L5980	L5981	L5982
		L5984	L5986	L5987	L5988
		L5990	L5999	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	L6586
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6694	L6695	L6696
		L6697	L6704	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6715	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
	L6975	L7007	L7008	L7009	
	L7040	L7045	L7170	L7180	
	L7181	L7185	L7186	L7190	
	L7191	L7405	L8040	L8042	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		L8043	L8044	L8045	L8046
		L8047	L8499	L8609	L8610
		L8612	L8631	L8659	
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Prostate procedure</b>	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
<b>Radiology</b>	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	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 by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b> .			
		For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCprovider.com/RIcommunityplan">UHCprovider.com/RIcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program			
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b>			
		77014	77387	G6001	G6002
		G6017			
		<b>IMRT</b>			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		<b>Proton Beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/Associated Services</b>			
		77331	77370	77399	77470
		<b>SRS/SBRT</b>			
		77371	77372	77373	G0339
		G0340			
		<b>Standard Radiation Therapy (2D/3D)</b>			
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		
G6007	G6008	G6009	G6010		
G6011	G6012	G6013	G6014		
<b>Y90</b>					
Implantable Beta-Emitting Microspheres for treatment of malignant tumors					
79445	S2095				

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiation therapy (continued)</b>		UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <a href="https://UHCProvider.com/RIcommunityplan">UHCProvider.com/RIcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program			
<b>Septoplasty and rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting  Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Auditory System</b> 69205  <b>Cardiovascular System</b> 36590      36832  <b>Carpal tunnel surgery</b> 64721  <b>Cataract surgery</b> 66821      66982      66984      66987 66988  <b>Colonoscopy</b> 45378      45380      45384      45385  <b>Cosmetic and reconstructive</b> 13101      13132      14040      14060 14301      21552      21931  <b>Digestive System</b> 42415      42440      43200      43236 43237      43238      43242      43245 43246      43247      43248      43251 43254      43255      43259      44360 44361      45171      45334      45335 45381      45390      45990      46020 46040      46050      46200      46220 46221      46250      46255      46261 46270      46275      46288      46505 46750      46910      46946  <b>Ear, nose and throat (ENT) procedures</b> 21320      30140      30520      69436 69631  <b>Eye and Ocular Adnexa</b> 65710      65820      66250      66710			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – outpatient hospital (continued)</b>		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		<b>Gynecologic procedures</b>			
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		<b>Hemic and Lymphatic Systems</b>			
		38500	38510	38525	
		<b>Hernia repair</b>			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		<b>Integumentary System</b>			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		<b>Liver biopsy</b>			
	47000				
	<b>Male Genital System</b>				
	54840				
	<b>Miscellaneous</b>				
	20680				
	<b>Musculoskeletal System</b>				
	20552	20553	21012	21013	
	21336	21554	21555	21556	
	21930	22902	22903	23071	
	23075	24071	27327	27337	
	27632	28035	28039	28041	
	28060	28080	28090	28104	
	28110	28118	28119	28124	
	28285	28289	28292	28296	
	28297	28298	28299	29806	
	29807	29819	29822	29823	
	29824	29825	29826	29827	
	29828	29835	29840	29845	
	29846	29848	29861	29875	
	29876	29877	29879	29880	
	29881	29882	29888	29893	
	G0260				
	<b>Nervous System</b>				
	64561	64640			
	<b>Ophthalmologic</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Site of service (SOS) – outpatient hospital (continued)</b>		65426	65730	65855	66170	
		66761	67028	67036	67040	
		67228	67311	67312		
		<b>Respiratory System</b>				
		30802	30930	31525	31535	
		31536	31541	31624		
		<b>Tonsillectomy and adenoidectomy</b>				
		42820	42821	42825	42826	
		42830				
		<b>Upper and lower gastrointestinal endoscopy</b>				
		43235	43239	43249		
		<b>Urologic procedures</b>				
		50590	52000	52005	52204	
		52224	52234	52235	52260	
		52276	52281	52287	52310	
		52320	52332	52344	52351	
		52352	52353	52356	54161	
		55040	55700	57288		
	<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
	<b>Sleep studies</b>	Prior authorization required	95805	95807	95808	95810
		95811				
<b>Spinal surgery</b>	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	22864	22865	22899	
		63001	63003	63005	63011	
		63012	63015	63016	63017	
		63020	63030	63040	63042	
		63045	63046	63047	63050	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (continued)</b>		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	0095T	0098T	0164T
*SOS also applies					
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61885
		63650	63655	63685	64553
		64568	64570	64590	0312T
		0313T	0314T	0315T	0316T
		0317T	L8680	L8682	L8685
	L8686	L8687	L8688		
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services, including Abecma® (Idecaptogene 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 <b>888-936-7246</b> or the notification number on the back of the member's 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	50380	50547	S2060
		S2061	S2152		
		<b>CAR T-Cell Therapy</b>			
		0537T	0538T	0539T	0540T
		C9098**	C9399**	J9999**	Q2041
		Q2042	Q2053	Q2054	Q2055

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>		* Code 38232 will only require prior authorization for an oncology diagnosis ** For Unclassified codes C9098, C9399 and J9999 Prior Authorization is only required for Carvykti.			
<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
<b>Wound vac</b>	Prior authorization required	E2402			