

# Prior Authorization Requirements for Wisconsin Medicaid

Effective October 1, 2023

## 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](https://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			
<b>Bariatric surgery</b> Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43846	43847
		43848	43860		
<b>Behavioral health services</b>	<p>Prior authorization required</p> <p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p>	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.			
<b>Birth to age 3 program and in-school therapies</b>	Prior authorization is required for all therapies in lieu of or in addition to the birth to age 3 program or school-based treatments.				
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> 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	
<b>Cancer supportive care</b>	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agents	<b>Injectable colony-stimulating factor drugs that require prior authorization:</b> <b>Bio similar (Zarxio®)</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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<b>Cancer supportive care (cont.)</b>	administered in an outpatient setting for a cancer diagnosis.	Q5101
		<b>Eflapegrastim-xnst (Rolvedon®)</b>
		J1449
		<b>Filgrastim (Neupogen®)</b>
		J1442
		<b>Filgrastim-aafi (Nivestym™)</b>
		Q5110
		<b>Filgrastim-ayow, (Releuko®)</b>
		Q5125
		<b>Pegfilgrastim (Neulasta®)</b>
		J2506
		<b>Pegfilgrastim-appgf, biosimilar (Nyvepria®)</b>
		Q5122
		<b>Pegfilgrastim-bmez (Ziextenzo®)</b>
		Q5120
		<b>Pegfilgrastim-cbqv (UDENYCA™)</b>
		Q5111
		<b>Pegfilgrastim-jmdb (Fulphila™)</b>
		Q5108
		<b>Sargramostim (Leukine®)</b>
J2820		
<b>Tbo-filgrastim (Granix®)</b>		
J1447		
<b>Trilaciclib (Cosela®)</b>		
J1448		
		<b><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u></b>
		J0885
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>
		<b>Denosumab</b>
		J0897
		<b><u>Antiemetic codes That Require Prior Authorization</u></b>
		J1456
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>888-397-8129</b> .		

<b>Cardiovascular</b>	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			
<b>Cardiovascular (cont.)</b>		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			

<b>Chemotherapy</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <p>Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide Acetate (J1954), Lanreotide (J1932)</p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> <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>888-397-8129</b>.</p>
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<b>Cochlear implants and other auditory implants</b>	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					
<b>Cochlear implants and other auditory implants (continued)</b>					

<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes	A9276	A9277	A9278	
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Continuous glucose monitor (cont.)</b>	Diagnosis				
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	14061*	15820	15821
		15822	15823	15830	15847
		17106	17107	17108	17999
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		21137	21138	21139	21172
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cosmetic and reconstructive (cont.)</b>		C44.712	C44.719	C44.721	C44.722	
		C44.729	C44.791	C44.792	C44.799	
		C44.80	C44.81	C44.82	C44.89	
		C44.90	C44.91	C44.92	C44.99	
		C46.0	C4A.0	C4A.10	C4A.111	
		C4A.112	C4A.121	C4A.122	C4A.20	
		C4A.21	C4A.22	C4A.30	C4A.31	
		C4A.39	C4A.4	C4A.51	C4A.51	
		C4A.52	C4A.52	C4A.59	C4A.60	
		C4A.61	C4A.62	C4A.70	C4A.71	
		C4A.72	C4A.8	C4A.9	C79.2	
		D03.51	D03.52	D04.0	D04.10	
		D04.111	D04.112	D04.121	D04.122	
		D04.20	D04.21	D04.22	D04.30	
		D04.39	D04.4	D04.5	D04.60	
		D04.61	D04.62	D04.70	D04.71	
		D04.72	D04.8	D04.9		
	<b>Durable medical equipment (DME)</b>	Prior authorization is required only for DME codes listed with a retail purchase or a cumulative rental cost of more than \$500.  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> .	A9900	E0194	E0265	E0266
			E0277	E0328	E0329	E0445
E0457			E0465	E0466	E0470	
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					
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4035	B4036	B4102	B4103	
		B4104	B9002			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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) (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 <b>surgical codes</b> with the following <b>DX codes:</b>			
		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	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81170	81173	81174	81175
		81176	81177	81178	81179
		81180	81181	81182	81183
		81184	81185	81186	81187
		81188	81189	81190	81200
		81201	81203	81204	81205
		81208	81209	81212	81216
		81218	81220	81222	81223
		81224	81228	81229	81233
		81234	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (cont.)		81265	81266	81267	81268
		81269	81271	81272	81273
		81274	81276	81284	81285
		81286	81287	81288	81289
		81290	81292	81294	81295
		81297	81298	81300	81302
		81303	81304	81305	81307
		81309	81310	81312	81314
		81315	81316	81317	81318
		81319	81321	81322	81323
		81324	81325	81326	81329
		81330	81331	81334	81335
		81336	81337	81340	81341
		81342	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	81413	81414	81420
		81430	81431	81434	81437
		81438	81439	81440	81460
	81465	81479	81507	81518	
	81519	81546	81595	81599	
	87505	87506	87507	87623	
Home health care	Prior authorization is required only in outpatient settings, to include member's home <b>Note:</b> G-codes aren't supported by the state.	99504 S9124	99600 T1021	G0299	S9123
		<b>*Prior authorization is not required for Place of Service Hospice/Bill Type 81X or 82X.</b>			
Hysterectomy	Prior authorization required	58150 58262 58275 58541 58550 58570	58152 58263 58290 58542 58552 58571	58180 58267 58291 58543 58553 58572	58260 58270 58292 58544 58554 58573
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	<b>Acthar®</b> J0801 <b>Adakvec®</b> J0791 <b>Aduhelm™</b> J0172			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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<b>Injectable medications (cont.)</b>	the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.	<b>Aldurazyme®</b>
		J1931
		<b>Aralast NP, Prolastin – C, Zemaira</b>
		J0256
		<b>Amondys-45</b>
		J1426
		<b>Apretude</b>
		J0739
		<b>Benlysta</b>
		J0490
		<b>Beovu®</b>
		J0179
		<b>Berinert®</b>
		J0597
		<b>Byooviz™</b>
		Q5124
		<b>Cabenuva</b>
		J0741
		<b>Cimerli™</b>
		Q5128
		<b>Cimzia®</b>
		J0717
		<b>Cinryze®</b>
		J0598
		<b>Cutaquig®</b>
		J1551
		<b>Elaprase®</b>
J1743		
<b>Enjaymo™</b>		
J1302		
<b>Evkeeza</b>		
J1305		
<b>Eylea®</b>		
J0178		
<b>Fabrazyme®</b>		
J0180		
<b>Fensolvi®</b>		
J1951		
<b>Feraheme®</b>		
Q0138		
<b>Firmagon®</b>		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont.)		J9155
	<b>Fynetra®</b>	
		Q5130
	<b>Givlaari®</b>	
		J0223
	<b>Glassia®</b>	
		J0257
	<b>Hemgenix®</b>	
		J1411
	<b>Injectafer®</b>	
		J1439
	<b>Kalbitor®</b>	
		J1290
	<b>Kanuma®</b>	
		J2840
	<b>Korsuva®</b>	
		J0879
	<b>Krystexxa®</b>	
		J2507
	<b>Lanreotide</b>	
		J1932
	<b>Leqembi®****</b>	
		J0174
	<b>Leqvio®</b>	
		J1306
	<b>Lucentis®</b>	
		J2778
	<b>Lumizyme®</b>	
		J0221
	<b>Lupron Depot®</b>	
	J1950	
<b>Lupron Depot, Eligard®</b>		
	J9217	
<b>Monoferric®</b>		
	J1437	
<b>Naglazyme®</b>		
	J1458	
<b>Nexviazyme®</b>		
	J0219	
<b>Nplate®</b>		
	J2796	

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

<b>Octreotide Acetate</b>					
J2354					
<b>Oxlumo™</b>					
J0224					
<b>Prolia®***</b>					
J0897					
<b>Purified Cortrophin® Gel</b>					
J0802					
<b>Qalsody™</b>					
C9157					
<b>Riabni™</b>					
Q5123					
<b>Reblozyl®</b>					
J0896					
<b>Releuko®</b>					
Q5125					
<b>Rituxan®</b>					
J9312					
<b>Rituxan Hycela®</b>					
J9311					
<b>Ruconest®</b>					
J0596					
<b>Ruxience®</b>					
Q5119					
<b>Ryplazim®</b>					
J2998					
<b>Sandostatin® LAR</b>					
J2353					
<b>Saphnelo®</b>					
J0491					
<b>Scenesse®</b>					
J7352					
<b>Signifor® LAR</b>					
J2502					
<b>Skyrizi®</b>					
J2327					
<b>Sodium Hyaluronate</b>					
J7320		J7321	J7322	J7324	
J7325		J7326	J7327	J7329	
J7331		J7332			
<b>Somatuline® Depot</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (cont.)	J1930				
	<b>Spevigo®</b>				
	J1747				
	<b>Stelara®</b>				
	J3358				
	<b>Sunlenca®</b>				
	J1961				
	<b>Supprelin® LA</b>				
	J9226				
	<b>Susvimo™</b>				
	J2779				
	<b>Syfovre®</b>				
	J2781				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire™</b>				
	J2356				
	<b>Therapeutic Radiopharmaceuticals*</b>				
	A9513	A9590	A9606		A9699
	A9607				
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Truxima®</b>				
	Q5115				
	<b>Tzield</b>				
	J9381				
	<b>Unclassified codes**</b>				
	C9399	J3490	J3590		C9149
	<b>Gene therapy (Vyjuvek)</b>				
	J3490	J3590	C9399		
	<b>Uplizna®</b>				
	J1823				
	<b>Vabysmo®</b>				
	J2777				
	<b>Viltepso®</b>				
	J1427				
	<b>Vimizim®</b>				
	J1322				
<b>Vyepti™</b>					
J3032					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (cont.)		<b>Vyondys 53®</b>			
		J1429			
		<b>Vyvgart</b>			
		J9332			
		<b>Xenpozyme®</b>			
		J0218			
		<b>Xolair®</b>			
		J2357			
		<b>Zoladex®</b>			
		J9202			

\* For prior authorization, please submit requests online by using 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.

Or, call **888-397-8129**.

\*\* For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is required for Amondys 45 (casimersen), Elfabrio, Elevidys, Lamzede, Revcovi, Ryplazim, Viltepso.

\*\*\* Effective 1/1/23 Prior authorization required for J0897 for non oncology DX.

\*\*\*\* Effective Aug 1, 2023 Prior authorization required for J0174.

<b>Joint replacement</b> 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		

<b>Musculoskeletal</b>	Prior authorization required	<b>Shoulder surgery</b>			
		23470	23472	23473	23474

<b>Non-emergent air ambulance transport</b>	Prior authorization required To request prior authorization for transportation, please call Medical Transportation Management at <b>866-907-1493</b> .	S9960	S9961		
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<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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont.)</b>		L5968	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6588	L6590	L6621	L6623
		L6624	L6646	L6648	L6686
		L6687	L6689	L6690	L6692
		L6693	L6707	L6708	L6709
		L6711	L6712	L6713	L6714
		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		
<b>Pain injections and management</b>	Prior authorization required	64490	64493		
<b>Personal care service</b>	Prior authorization required	T1019			
<b>Private duty nursing</b>	Prior authorization required	T1001	T1002	T1003	
<b>Prostate procedures</b>	Prior authorization required	52441 55866	52442 55873	53850	53852
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b> 77014	77387	G6001	G6002
		<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Radiation therapy (cont.)		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 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 the Prior Authorization and Notification on your Provider Portal dashboard or, call **866-889-8054**.

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

<b>Radiology</b>	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	<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 <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>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/WIcommunityplan">UHCprovider.com/WIcommunityplan</a> Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program.</p>			
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<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
Treatment of nasal functional impairment and septal deviation		30465			

<b>Shoulder surgery</b>	Prior authorization required	<b>Musculoskeletal System</b>			
	SOS applies to all codes in this category	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	29828

<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
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<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Sleep apnea procedures and surgeries (cont.)**  
 Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea

<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
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
63172	63173	63185	63190		
63191	63200	63250	63251		
63252	63265	63267	63268		
63270	63271	63272	63286		
63300	63301	63302	63303		
63304	63305	63306	63307		
63308					

<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0760	
		<b>Neurostimulator</b>			
		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

<b>Transcranial Magnetic Stimulation (TMS)</b>	Prior authorization required	90867	90868		
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants</b>	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 <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		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			
		<b>CAR-T Cell therapy:</b>			
		0537T	0538T	0539T	0540T
		C9399**	J3490**	J3590**	J9999**
		Q2041	Q2042	Q2056	
		<b>Gene therapy</b>			
		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 1/1/23 For Unclassified codes J3490, J3590, and C9399, Skysona and Zynteglo will require Prior Authorization through Optum Transplant			
<b>Vein procedures</b>	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at <b>855-282-8929</b> .			
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

<b>Procedures and Services</b>	<b>Additional Information</b>	<b>CPT® or HCPCS Codes and/or How to Obtain Prior Authorization</b>
<b>Wound vac</b>	Prior authorization required	E2402