

# Prior Authorization Requirements for California

## Effective July 1, 2018

### General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in California 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 app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 800-366-7304
- **Fax:** 855-432-2828; fax form is available at **UHCommunityPlan.com** > For Health Care Professionals > California > Provider Forms & Resources > Prior Authorization Fax Request Form.

**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	43648	43659
		43770	43775	43842	43845
		43846	43847	43848	43860
		43881	43882	64590	95980
		95981	95982		
<b>Behavioral health services</b>	Prior authorization required  Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979	E0747	E0748
		E0760			
<b>BRCA genetic testing</b>	Prior authorization required	81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast other than following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
<b>Circumcision</b>	Prior authorization required	54161			
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear and an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	15820	15821
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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			
<b>Dental anesthesia</b>	Prior authorization required	D9223	D9243		
<b>Durable medical equipment (DME): More than \$500</b>	Prior authorization required only in outpatient settings, to include member's home	E0194	E0300	E0445	E0460
Only the codes listed with a retail purchase or a cumulative rental cost of more than \$500		E0466	E0483	E0656	E0669
		E0670	E0710	E0766	E0784
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030
		E1035	E1036	E1161	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1399	E2100	E2210
		E2227	E2228	E2230	E2300
		E2301	E2322	E2325	E2327
		E2329	E2331	E2351	E2373
		E2510	E2511	E2599	E2626
		E2627	E2628	E2629	E2630
		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	
<b>Enteral services</b>	Prior authorization required	B4102	B4103	B4150	B4152
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4153	B4155	B4158	B4159
		B4160	B4161	B9002	
<b>Experimental and investigational</b>	Prior authorization required	33477	36514	55866	61863
		61864	61867	61868	61886
		64555	64722	65765	65767
		66180	95978		
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
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	14041	15734
		15738	15750	15757	15758
		19303	19304	20926	31899
		53410	53430	54125	54400
		54401	54405	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
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	S9474	
Injectable medications	Prior authorization required	<b>Acthar<sup>®</sup></b> J0800			
		<b>Botox<sup>®</sup></b> J0585      J0586      J0587      J0588			
		<b>Brineura<sup>™</sup></b> C9014			
		<b>Cerezyme<sup>®</sup></b> J1786			
		<b>Cinqair<sup>®</sup></b> J2786			
		<b>Ellyso<sup>®</sup></b> J3060			
		<b>Exondys 51<sup>™</sup></b> J1428			
		<b>Fasenra<sup>™</sup></b> C9466			
		<b>Ilaris<sup>®</sup></b> J0638			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont'd)		<b>IVIG</b>			
		90283	90284	J1459	J1555
		J1556	J1557	J1559	J1561
		J1566	J1568	J1569	J1572
		J1575			
		<b>Lemtrada<sup>®</sup></b>			
		J0202			
		<b>Makena<sup>®</sup></b>			
		J1726	J1729	J2675	
		<b>Nucala<sup>®</sup></b>			
		J2182			
		<b>Ocrevus<sup>™</sup></b>			
		J2350			
		<b>Radicava<sup>™</sup></b>			
		C9493			
		<b>Soliris<sup>®</sup></b>			
		J1300			
		<b>Spinraza<sup>™</sup></b>			
		J2326			
		<b>Synagis<sup>®</sup></b>			
	90378				
	<b>Unclassified*</b>				
	C9399	J3490	J3590		
	<b>Xolair<sup>®</sup></b>				
	J23572				
	Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <b>UHCprovider.com</b> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.				
	* For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura, Fasenera, Luxturna <sup>™</sup> , Radicava and Trogarzo <sup>™</sup> .				
<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	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868		
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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: More than \$500</b> Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	L0170	L0456	L0462	L0464
		L0480	L0482	L0484	L0486
		L0624	L0629	L0631	L0632
		L0634	L0636	L0637	L0638
		L0640	L0700	L0710	L0810
		L0820	L0830	L0859	L0861
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1830	L1831	L1834
		L1836	L1840	L1844	L1845
		L1846	L1847	L1850	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		L2128	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3764
		L3900	L3901	L3904	L3905
		L3961	L3971	L3975	L3976
		L3977	L4000	L4010	L4020
		L4350	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		
L5648	L5651	L5653	L5661		
L5682	L5702	L5703	L5706		
L5716	L5718	L5722	L5724		
L5726	L5728	L5780	L5790		

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics: More than \$500 (cont'd)</b> Orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5848
		L5857	L5858	L5930	L5950
		L5960	L5961	L5964	L5966
		L5968	L5973	L5976	L5979
		L5980	L5981	L5982	L5984
		L5987	L5988	L5990	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		
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiology</b>	<p>Prior authorization 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 app on Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCCommunityPlan.com</b> &gt; For Health Care Professionals &gt; California &gt; Radiology &gt; Radiology CPT Code List.</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.			
		32850 32854 33933 33945	32851 32855 33935 38208	32852 32856 33940 38209	32853 33930 33944 38210

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (cont'd)</b>		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	
		Prior authorization required for diagnosis codes <b>C81.00-C88.9</b> and <b>C91.00-C91.02</b> along with codes:			
		38206	38999	J3490	J9999
		S2107	Q2040	Q2041	
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	64568	L8680	L8682
		L8685	L8686	L8687	L8688
<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	37780
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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> .			
		33975	33976	33979	33981
		33982	33983	Q0507	Q0508
		Q0509			
<b>Wound vac</b>	Prior authorization required	E2402			