

**General Information**

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Pennsylvania Medicaid 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:** 877-310-3826; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Pennsylvania > Provider Information > 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	Current Procedural Terminology (CPT) Codes			
<b>Abdominal paracentesis</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	49083			
<b>Abortion</b>	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	0312T 0316T 43648 43842 43848 64590	0313T 0317T 43659 43845 43860 95980	0314T 43644 43770 43846 43881 95981	0315T 43645 43775 43847 43882 95982
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
<b>BRCA genetic testing</b>	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
<b>Carpal tunnel surgery</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	64721			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Cataract surgery</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	66821	66982	66984	
<b>Cochlear implants 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 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690
<b>Colonoscopy</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	45378	45380	45384	45385
<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	<p>Prior authorization required</p> <p><b><u>For codes with an asterisk:</u></b></p> <p>Prior authorization required if performed in an outpatient hospital setting.</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	11960 14040* 15821 15847 17108 21139 21180 21184 21260 21268 21295 21743 30545 67901 67906 67912 67917 67924 Q2026	11971 14060* 15822 15877 17999 21172 21181 21230 21261 21275 21552* 21931* 30560 67902 67908 67914 67921 67950	13101* 14301* 15823 17106 21137 21175 21182 21235 21263 21280 21740 28344 30620 67903 67909 67915 67922 67961	13132* 15820 15830 17107 21138 21179 21183 21256 21267 21282 21742 30540 67900 67904 67911 67916 67923 67966
<b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Orthotics and prosthetics</i>.</p>	A9279 E0193 E0270 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0670 E0692	A9280 E0194 E0277 E0328 E0460 E0471 E0486 E0637 E0650 E0667 E0673 E0693	A9900 E0265 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0668 E0675 E0694	A9999 E0266 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0669 E0691 E0700

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Durable medical equipment (DME):                      more than \$500 (cont'd)</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500		E0710	E0745	E0762	E0764
		E0766	E0782	E0783	E0784
		E0786	E0947	E0948	E0984
		E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1009	E1010	E1011	E1018
		E1030	E1035	E1036	E1085
		E1086	E1089	E1090	E1130
		E1140	E1161	E1220	E1229
		E1230	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1239	E1250	E1260
		E1285	E1290	E1300	E1310
		E1825	E1830	E1840	E2100
		E2204	E2227	E2228	E2230
		E2300	E2301	E2310	E2311
		E2312	E2321	E2322	E2325
		E2327	E2328	E2329	E2330
		E2331	E2343	E2351	E2370
		E2373	E2375	E2376	E2510
		E2511	E2512	E2599	E2616
		E2626	E2627	E2628	E2629
		E2630	E8000	E8001	E8002
		K0005	K0007	K0008	K0011
		K0013	K0014	K0108	K0606
		K0730	K0800	K0801	K0802
		K0806	K0807	K0808	K0812
		K0821	K0822	K0823	K0824
		K0825	K0826	K0827	K0828
		K0829	K0830	K0831	K0836
		K0837	K0838	K0839	K0840
		K0841	K0842	K0843	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	K0898	K0899	T1999
		T5999	V2786	V5269	V5270
		V5271	V5272	V5274	V5281
		V5282	V5283	V5286	V5287
		V5288	V5290		

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																																																																							
<b>Ear, nose and throat procedures</b>	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	21320 69631	30140	30520	69436																																																																				
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9000	B4035 B4103 B4152 B4159 B9002	B4036 B4104 B4153 B4160 B9998	B4100 B4149 B4155 B4161																																																																				
<b>Experimental and investigational</b>	Prior authorization required	0085T 0271T 55866 61868 62291 65765 95966 A6000 A9278 S1030 S9988	0191T 33477 61863 61886 62292 65767 95967 A9274 E0231 S1031 S9990	0269T 36514 61864 62264 64555 66180 95978 A9276 E1831 S1040 S9991	0270T 54240 61867 62290 64722 95965 A4638 A9277 S0810 S2102																																																																				
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 31288																																																																				
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980	<p>These <b>surgical codes</b> with the following <b>DX codes</b>:</p> <table border="0"> <tr> <td>F64.0</td> <td>F64.1</td> <td>F64.2</td> <td>F64.8</td> </tr> <tr> <td>F64.9</td> <td>Z87.890</td> <td></td> <td></td> </tr> </table> <table border="0"> <tr> <td>11950</td> <td>11951</td> <td>11952</td> <td>11954</td> </tr> <tr> <td>11980</td> <td>14000</td> <td>14001</td> <td>14041</td> </tr> <tr> <td>15734</td> <td>15738</td> <td>15750</td> <td>15757</td> </tr> <tr> <td>15758</td> <td>15775</td> <td>15776</td> <td>15777</td> </tr> <tr> <td>15780</td> <td>15781</td> <td>15782</td> <td>15783</td> </tr> <tr> <td>15787</td> <td>15788</td> <td>15789</td> <td>15792</td> </tr> <tr> <td>15793</td> <td>15819</td> <td>15824</td> <td>15825</td> </tr> <tr> <td>15826</td> <td>15828</td> <td>15829</td> <td>15832</td> </tr> <tr> <td>15833</td> <td>15834</td> <td>15835</td> <td>15836</td> </tr> <tr> <td>15837</td> <td>15838</td> <td>15839</td> <td>15876</td> </tr> <tr> <td>15878</td> <td>15879</td> <td>17380</td> <td>19303</td> </tr> <tr> <td>19304</td> <td>20926</td> <td>21083</td> <td>21087</td> </tr> <tr> <td>21120</td> <td>21122</td> <td>21173</td> <td>21270</td> </tr> <tr> <td>21899</td> <td>31599</td> <td>31750</td> <td>31899</td> </tr> <tr> <td>45399</td> <td>45999</td> <td>53410</td> <td>53430</td> </tr> </table>		F64.0	F64.1	F64.2	F64.8	F64.9	Z87.890			11950	11951	11952	11954	11980	14000	14001	14041	15734	15738	15750	15757	15758	15775	15776	15777	15780	15781	15782	15783	15787	15788	15789	15792	15793	15819	15824	15825	15826	15828	15829	15832	15833	15834	15835	15836	15837	15838	15839	15876	15878	15879	17380	19303	19304	20926	21083	21087	21120	21122	21173	21270	21899	31599	31750	31899	45399	45999	53410	53430
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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Gender dysphoria treatment (cont'd)		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
		58999	64856	64892	64896
		69300	90785	96372	
Gynecologic procedures	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	57522 58565	58353	58558	58563
Hernia repair	Prior authorization required if performed in an outpatient hospital setting  Prior authorization not required if performed at a participating ambulatory surgery center	49585 49652 49505	49587 49653	49650 49654	49651 49655
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156 G0493 S9122	G0162 G0494 S9123	G0299 G0495 S9124	G0300 G0496 S9474
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
Injectable medications	Prior authorization required	<b>Acthar®</b> J0800  <b>Botox®</b> J0585      J0586      J0587      J0588  <b>Cerezyme®</b> J1786  <b>Cinqair®</b> J2786  <b>Elelyso®</b> J3060  <b>Exondys 51™</b> C9484  <b>IVIG</b> 90283      90284      J1459      J1556 J1557      J1559      J1561      J1566			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Injectable medications (cont'd)		<p>J1568 J1569 J1572 J1575 J1599</p> <p><b>Lemtrada®</b> J0202</p> <p><b>Makena®</b> J1725 J2675</p> <p><b>Nucala®</b> J2182</p> <p><b>Probuphine®</b> J0570</p> <p><b>Soliris®</b> J1300</p> <p><b>Spinraza™</b> C9489</p> <p><b>Synagis®*</b> 90378</p> <p><b>Unclassified Codes**</b> J3490 J3590</p> <p><b>Xolair®*</b> J2357</p> <p>* Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at <b>800-310-6826</b>.</p> <p>**For Unclassified codes J3490 and J3590, prior authorization is only required for Exondys 51™, Ocrevus™, Radicava™ and Spinraza™.</p>
<p><b>Joint replacement</b> Joint, total hip and knee replacement procedures</p>	Prior authorization required	<p>23470 23472 23473 23474 24360 24361 24362 24363 24370 24371 27120 27122 27125 27130 27132 27134 27137 27138 27412 27446 27447 27486 27487 29866 29867 29868 J7330 S2112</p>
Liver biopsy	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	47000

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Miscellaneous</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	20680			
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Ophthalmologic</b>	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	65426 66761 67228	65730 67028 67311	65855 67036 67312	66170 67040
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics and prosthetics: more than \$500</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1844 L1945 L2005 L2034 L2060 L2128 L2525 L2999 L3202 L3207 L3215 L3221	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1832 L1845 L1950 L2010 L2036 L2106 L2136 L2526 L3000 L3203 L3212 L3216 L3222	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1834 L1846 L1970 L2020 L2037 L2108 L2350 L2627 L3160 L3204 L3213 L3217 L3230	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1840 L1860 L2000 L2030 L2038 L2126 L2510 L2628 L3201 L3206 L3214 L3219 L3250

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthotics and prosthetics: more than \$500 (cont'd)</b>                      Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L3251	L3252	L3253	L3265
		L3649	L3671	L3674	L3720
		L3730	L3740	L3763	L3764
		L3765	L3766	L3900	L3901
		L3904	L3905	L3961	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	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	L5611	L5613	L5614
		L5616	L5639	L5640	L5642
		L5643	L5644	L5645	L5646
		L5647	L5648	L5649	L5651
		L5653	L5661	L5673	L5681
		L5682	L5683	L5700	L5701
		L5702	L5703	L5705	L5706
		L5707	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5840	L5845	L5848	L5856
		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	L6026	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



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Orthotics and prosthetics: more than \$500 (cont'd)</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		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	L7499
		L8035	L8040	L8041	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8500	L8609
		L8610	L8612	L8631	L8659
		V2623	V2627		
<b>Pediatric day services (PDHC)</b>	Prior authorization required	T1024			
<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>Rhinoplasty and septoplasty</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	
<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	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22532	22533	22548	22551

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Spinal surgery (cont'd)</b>		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	63180
		63182	63185	63190	63191
		63194	63195	63196	63198
		63199	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
63300	63301	63302	63303		
63304	63305	63306	63307		
63308	64553	64570			
<b>Tonsillectomy and adenoidectomy</b>	Prior authorization required if performed in an outpatient hospital setting	42820	42821	42825	42826
	Prior authorization not required if performed at a participating ambulatory surgery center	42830			
<b>Upper gastrointestinal endoscopy</b>	Prior authorization required if performed in an outpatient hospital setting	43235	43239	43249	
	Prior authorization not required if performed at a participating ambulatory surgery center				
<b>Urologic procedures</b>	Prior authorization required if performed in an outpatient hospital setting	50590	52000	52005	52204
		52224	52234	52235	52260
	Prior authorization not required if performed at a participating ambulatory surgery center	52281	52310	52332	52351
		52352	52353	52356	54161
<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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Wound vac	Prior authorization required	E2402

### Additional Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Behavioral health services	<p>Prior authorization required – carved out to state</p> <p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>Please call the number on the back of the member's health plan ID card when referring for mental health and substance abuse/substance use services.</p>
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</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; Pennsylvania &gt; Cardiology &gt; Cardiology Prior Authorization CPT Code Crosswalk.</p>
Chemotherapy	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641)</li> <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 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</p>

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization												
Chemotherapy (cont'd)		app tile on your Link dashboard. Or, call <b>866-889-8054</b> .												
Colony stimulating factor drugs	Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis	<p><b><u>Injectable colony stimulating factor drugs that require prior authorization:</u></b></p> <ul style="list-style-type: none"> <li>• J1442 filgrastim (Neupogen®)</li> <li>• J1447 tbo-filgrastim (Granix®)</li> <li>• J2505 pegfilgrastim (Neulasta®)</li> <li>• J2820 sargramostim (Leukine®)</li> <li>• Q5101 filgrastim, bio similar (Zarxio®)</li> </ul> <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>												
Radiology	<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. To request prior authorization, please call <b>866-889-8054</b>.</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>UHCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Pennsylvania &gt; Radiology &gt; CPT Code List.</p>												
Transplants	Prior authorization required	<p>For transplant services, 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.</p> <table border="0" data-bbox="1052 1818 1487 1913"> <tr> <td>32850</td> <td>32851</td> <td>32852</td> <td>32853</td> </tr> <tr> <td>32854</td> <td>32855</td> <td>32856</td> <td>33930</td> </tr> <tr> <td>33933</td> <td>33935</td> <td>33940</td> <td>33944</td> </tr> </table>	32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944
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32854	32855	32856	33930											
33933	33935	33940	33944											

**Additional Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization			
<b>Transplants (cont'd)</b>		33945 38212 38232 44132 44137 47133 47142 47146 48554 50325 50370 S2061	38208 38213 38240 44133 44715 47135 47143 47147 50300 50340 50380 S2152	38209 38214 38241 44135 44720 47140 47144 48551 50320 50360 50547	38210 38215 38242 44136 44721 47141 47145 48552 50323 50365 S2060
<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 ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> . 0051T    0052T    0053T    33975 33976    33979    33981    33982 33983    Q0507    Q0508    Q0509			