

# Prior Authorization Requirements for Virginia Effective January 1, 2018



## General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Virginia 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:** 877-843-4366
- **Fax:** 844-882-7133; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Virginia > Provider Forms > Prior Authorization Fax 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>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847 95980	43645 43842 43848	43659 43845 43860	43770 43846 64590
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975 E0749	20979 E0760	E0747	E0748
<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>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>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	Prior authorization required	11960 15822 15877 17999 21179 21256 21740 30620 67903 67909 67915	11971 15823 17106 21139 21180 21275 21742 67900 67904 67911 67916	15820 15830 17107 21172 21230 21282 21743 67901 67906 67912 67917	15821 15847 17108 21175 21235 21295 28344 67902 67908 67914 67921

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<b>Cosmetic and reconstructive (cont'd)</b>		67922 67961	67923 67966	67924 Q2026	67950
<b>Durable medical equipment (DME): more than \$500</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home  Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A9279 E0266 E0457 E0620 E0642 E0675 E0710 E0766 E1002 E1006 E1010 E1161 E1233 E1237 E2227 E2301 E2329 E2510 E2627 E8001 K0108 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 T1999 V5270 V5281 V5287	A9280 E0270 E0460 E0636 E0656 E0693 E0745 E0784 E1003 E1007 E1030 E1229 E1234 E1238 E2228 E2322 E2331 E2511 E2628 K0005 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 T5999 V5271 V5282 V5288	E0194 E0300 E0466 E0638 E0669 E0694 E0762 E0984 E1004 E1008 E1035 E1231 E1235 E1239 E2230 E2325 E2351 E2599 E2629 K0008 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 Q0495 V2786 V5272 V5283 V5290	E0265 E0445 E0483 E0641 E0670 E0700 E0764 E0986 E1005 E1009 E1036 E1232 E1236 E2100 E2300 E2327 E2373 E2626 E2630 K0013 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 S1040 V5269 V5274 V5286
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B9000	B9002	B9998	
<b>Experimental and investigational</b>	Prior authorization required	33477 61864 64555 66180 A9274 S1031	36514 61867 64722 95978 E0231 S2102	55866 61868 65765 A4638 E1831 S8262	61863 61886 65767 A6000 S1030
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	

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Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 31288
Gender dysphoria treatment	Prior authorization required	These <b>surgical codes</b> with the following <b>DX codes</b> : F64.0      F64.1      F64.2      F64.8 F64.9      Z87.890  11980      14000      14001      15757 15758      15777      15824      15825 15826      15828      15829      15832 15833      15834      15835      15836 15837      15838      15839      15876 17380      20926      21083      21120 21122      21173      21270      21899 31599      31750      31899      45399 45999      58999      64856      64892 64896      69300      90785      96372			
Home health care	Prior authorization required only in outpatient settings, to include patient's home	G0299 G0495 S9474	G0300 G0496	G0493 S9123	G0494 S9124
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> J2326  <b>IVIG</b> 90283      90284      J1459      J1556 J1557      J1559      J1561      J1566 J1568      J1569      J1572      J1575 J1599  <b>Lemtrada®</b> J0202  <b>Makena®</b> J1726      J1729			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes																												
Injectable medications (cont'd)		<p><b>Nucala®</b> J2182</p> <p><b>Ocrevus™</b> J2350</p> <p><b>Probuphine®</b> J0570</p> <p><b>Radicava™</b> C9493</p> <p><b>Soliris®</b> J1300</p> <p><b>Spinraza™</b> J1428</p> <p><b>Synagis®</b> 90378</p> <p><b>Unclassified code*</b> C9399    J3490    J3590</p> <p><b>Xolair®</b> J2357</p> <p>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 &amp; 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 <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura™ and Radicava.</p>																												
<p><b>Joint replacement</b> Joint, total hip and knee replacement procedures</p>	Prior authorization required	<table border="0"> <tr> <td>23470</td> <td>23472</td> <td>23473</td> <td>23474</td> </tr> <tr> <td>24360</td> <td>24361</td> <td>24362</td> <td>24363</td> </tr> <tr> <td>24370</td> <td>24371</td> <td>27120</td> <td>27122</td> </tr> <tr> <td>27125</td> <td>27130</td> <td>27132</td> <td>27134</td> </tr> <tr> <td>27137</td> <td>27138</td> <td>27412</td> <td>27446</td> </tr> <tr> <td>27447</td> <td>27486</td> <td>27487</td> <td>29866</td> </tr> <tr> <td>29867</td> <td>29868</td> <td>J7330</td> <td>S2112</td> </tr> </table>	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
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																											

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<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21193 21198 21209 21242 21247 21296	21123 21142 21147 21155 21194 21199 21210 21244 21248 21299	21125 21143 21150 21159 21195 21206 21215 21245 21249	21127 21145 21151 21160 21196 21208 21240 21246 21255
<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 patient's home	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1836 L1846 L1950 L2010 L2036 L2106 L2136 L2627 L3649 L3730 L3901 L3971 L3999 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5616	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1830 L1840 L1847 L1970 L2020 L2037 L2108 L2350 L2628 L3671 L3740 L3904 L3975 L4000 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5639	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1831 L1844 L1860 L2000 L2030 L2038 L2126 L2510 L3230 L3674 L3764 L3905 L3976 L4010 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5613 L5640	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1834 L1845 L1945 L2005 L2034 L2060 L2128 L2526 L3265 L3720 L3900 L3961 L3977 L4020 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5614 L5642

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<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		L5643	L5644	L5646	L5648
		L5651	L5653	L5661	L5682
		L5702	L5703	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5790	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	L8040	L8042		
L8043	L8044	L8045	L8046		
L8047	L8499	L8609	L8610		
L8612	L8631	L8659			
<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>Septoplasty and rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			

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<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating 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	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	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
		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>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	36473	36475	36478	37700
		37718	37722		
<b>Wound vac</b>	Prior authorization required	E2402			

Additional Advance Notification and 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</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 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>UHCommunityPlan.com</b> &gt; For Health Care Professionals &gt; Virginia &gt; Cardiology &gt; Cardiology Prior Authorization CPT Code Crosswalk.</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.</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; Virginia &gt; Radiology &gt; CPT Code List.</p>												
Transplants	<p>Prior authorization required</p>	<p>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.</p> <table border="0" data-bbox="1045 1839 1500 1940"> <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
32850	32851	32852	32853											
32854	32855	32856	33930											
33933	33935	33940	33944											



Additional Advance Notification and 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 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> .  33927    33975    33976    33979 33981    33982    33983    Q0507 Q0508    Q0509			