

# Prior authorization requirements for Kentucky Medicaid

Effective Mar. 1, 2025

## General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Kentucky participating health care professionals providing inpatient and outpatient services.

For prior authorization, please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Phone:** Call **877-842-3210**

**Note:** Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Arthroplasty</b>	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24366	24370	24371
		25441	25442	25443	25444
		25445	25446	25449	26530
		26531	26535	26536	27120
		27125	27130	27132	27134
		27137	27138	27437	27438
		27440	27441	27442	27443
		27445	27446	27447	27486
		27487	27700	27702	27703
27704					
<b>Arthroscopy</b>	Prior authorization required	29805	29806	29807	29819
		29822	29823	29824	29825
		29826	29827	29828	29834
		29837	29838	29840	29843
		29844	29845	29846	29847
		29850	29851	29855	29856
		29860	29861	29862	29863
		29870	29871	29873	29874
		29875	29876	29877	29879
		29880	29881	29882	29883

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Arthroscopy (cont.)</b>		29884	29885	29886	29887
		29888	29889	29891	29892
		29893	29894	29895	29897
		29898	29899	29914	29915
		29916			
<b>Bariatric</b>	Prior authorization required There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43886
		43887	43888		
		<b>Bariatric with DX code</b>			
		43860	43865		
		Notification/prior authorization required for the following diagnosis codes:			
		E66.01	E66.09	E66.1	E66.2
		E66.3	E66.8	E66.9	Z68.1
		Z68.20	Z68.21	Z68.22	Z68.30
		Z68.31	Z68.32	Z68.33	Z68.34
		Z68.35	Z68.36	Z68.37	Z68.38
		Z68.39	Z68.41	Z68.42	Z68.43
Z68.44	Z68.45				
<b>Behavioral health services</b>	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. <ul style="list-style-type: none"> <li>For ABA Therapy, submit via fax or Provider Express</li> </ul>			
<b>Body lengthening</b>	Prior authorization required	25280	27685		
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	E0747
		E0748	E0760		
<b>Bone marrow /stem cell</b>	Prior authorization required	38204	38205	38211	38230
		38232	38243		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19364	19367	19368	19369
		19370	19371	19380	19396
		<b>Notification/prior authorization not required for the following diagnosis codes:</b>			
C50.019	C50.011	C50.012	C50.111		
C50.112	C50.119	C50.211	C50.212		
C50.219	C50.311	C50.312	C50.319		
C50.411	C50.412	C50.419	C50.511		
C50.512	C50.519	C50.611	C50.612		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Breast reconstruction (non-mastectomy) (cont.)</b>		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

<b>Cancer supportive care</b>	Prior authorization is required for injectable cancer supportive care drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p><b><u>Anti-Emetics that require prior authorization:</u></b></p> <p><b>Akynzeo® (palonosetron/fosnetupitant)</b> J1454</p> <p><b>Cinvanti™ (aprepitant)</b> J0185</p> <p><b>Emend® (fosaprepitant)</b> J1453</p> <p><b>Nyvepria® (pegfilgrastim-apgf)</b> Q5122</p> <p><b>Releuko® (Filgrastim-ayow)</b> Q5125</p> <p><b>Sustol® (granisetron extended release)</b> J1627</p> <p><b>Ziextenzo (pegfilgrastim-bmez)</b> Q5120</p> <p><b>Injection Fosaprepitant</b> J1456</p> <p><b>Sargramostim</b> J2820</p> <p><b><u>Colony Stimulating Factors</u></b> J1449</p> <p><b><u>Erythropoiesis Stimulating Agents</u></b> J0885</p>			
		To submit prior authorization, please call 888-397-8129			

<b>Cardiology</b>	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations,	For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare
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Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
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<b>Cardiology (cont.)</b>	electrophysiology implants and stress echocardiograms prior to performance	Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call <b>866-889-8054</b> .
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For more details and the CPT codes that require prior authorization, please visit

**UHCprovider.com/Kycommunityplan**>Prior Authorization and Notification>Cardiology Prior Authorization and Notification Program.

Cardiovascular	Prior authorization required	<b>Cardiology</b>			
		33285	37220*	37221*	37224*
		37225*	37226*	37227*	37228*
		37229*	37230	37231	93580
		93653	93656		
		<b>Potentially Unproven</b>			
		33361	33362	33363	33364
		33365	33366		
		* Prior authorization not 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
		I70.268	I70.269	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	I70.421	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	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		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
		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			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Carpal tunnel</b>	Prior authorization required	29848	64721		
<b>Cartilage implants</b>	Prior authorization required	27412	27415	27416	29866
		29867	29868		
<b>Cerebral seizure monitoring</b>	Prior authorization required	95700	95711	95712	95713
		95714	95715	95716	95718
		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	J0594	J0640	J0641	J0642
		J0894	J1442	J1447	J1448
		J1932	J1950	J1952	J1954
		J2506	J2860	J9000	J9015
		J9017	J9019	J9020	J9021
		J9022	J9023	J9025	J9027
		J9029	J9030	J9032	J9033
		J9034	J9035	J9036	J9037
		J9039	J9040	J9041	J9042
		J9043	J9045	J9046	J9047
		J9048	J9049	J9050	J9051
		J9052	J9055	J9056	J9057
		J9058	J9059	J9060	J9061
		J9063	J9064	J9065	J9071
		J9072	J9073	J9074	J9075
		J9098	J9100	J9118	J9119
		J9120	J9130	J9144	J9145
		J9150	J9151	J9153	J9155
		J9165	J9171	J9172	J9173
		J9175	J9176	J9177	J9178
		J9179	J9181	J9185	J9190
		J9196	J9198	J9200	J9201
		J9202	J9203	J9204	J9205
		J9206	J9207	J9208	J9209
		J9210	J9211	J9212	J9213
		J9214	J9215	J9216	J9217
		J9218	J9219	J9223	J9225
		J9226	J9227	J9228	J9229
		J9230	J9245	J9246	J9247
		J9248	J9249	J9255	J9262
		J9259	J9260	J9261	J9267
		J9263	J9264	J9266	J9271
		J9268	J9269	J9270	J9280
		J9272	J9273	J9274	J9293
		J9281	J9285	J9286	J9297
		J9294	J9295	J9296	J9302
		J9298	J9299	J9301	J9306
		J9303	J9304	J9305	J9311
		J9307	J9308	J9309	J9316

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Chemotherapy (cont.)</b>		J9312	J9313	J9314	J9320
		J9317	J9318	J9319	J9324
		J9321	J9322	J9323	J9331
		J9325	J9328	J9330	J9340
		J9332	J9333	J9334	J9349
		J9345	J9347	J9348	J9353
		J9350	J9351	J9352	J9357
		J9354	J9355	J9356	J9361
		J9358	J9359	J9360	J9390
		J9370	J9376	J9380	J9400
		J9393	J9394	J9395	Q2043
		J9600	J9999	Q2017	Q5107
		Q2050	Q2055	Q5101	Q5112
		Q5108	Q5110	Q5111	Q5116
		Q5113	Q5114	Q5115	Q5123
		Q5117	Q5118	Q5119	Q5130
		Q5126	Q5127	Q5129	
<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	<b>Cochlear Implants and Other Auditory Implants Regardless of Cost</b>			
		L8615	L8616	L8617	L8618
		<b>Cochlear Implants and Other Auditory Implants with a billed amount or cumulative rental cost of more than \$500</b>			
		69710	69714	69717	69930
		L8619	L8627	L8628	L8692
<b>Congenital heart disease</b> Congenital heart disease-related services, including pre-treatment evaluation	Prior authorization required	33251	33254	33255	33256
		33257	33258	33259	33261
		33404	33414	33415	33416
		33417	33476	33478	33502
		33503	33504	33505	33506
		33507	33600	33602	33606
		33608	33610	33611	33612
		33615	33617	33619	33641
		33645	33647	33660	33665
		33670	33675	33676	33677
		33681	33684	33688	33690
		33692	33694	33697	33702
		33710	33720	33724	33726
		33730	33732	33735	33736
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Congenital heart disease (cont.)</b>		33917	33920	33924	93581
<b>Continuous glucose monitoring</b>	Prior authorization required	<b>Continuous Glucose Monitoring with a billed amount or cumulative rental cost of more than \$500</b>			
		95250	95251	A9276	A9277
		A9278	A4239	E2102	E2103
Cosmetic	Prior authorization required (For Cosmetic procedures also reference Potentially Cosmetic category below)	21137			
<b>Durable medical equipment (DME)</b>	Prior authorization required	DME Regardless of Cost			
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	A5500	A5501	A5503	A5504
		A5505	A5506	A5508	A5510
		A5512	A5513	A5514	E0565
		E0720	E0730	E0731	E0958
		E1014	E1016	E2207	E2298
		E2366	E2367	E2368	E2369
		<b>DME with a billed amount or cumulative rental cost of more than \$500</b>			
		A4600	A6503	A6504	A6505
		A6506	A6507	A6509	A6513
		A8002	A8003	A9274	A9999
		B4100	B4102	B4103	B4104
		B4157	B4161	B4162	B9002
		B9998	B9999	E0118	E0147
		E0193	E0194	E0265	E0266
		E0277	E0296	E0297	E0301
		E0303	E0304	E0316	E0371
		E0372	E0373	E0445	E0455
		E0457	E0462	E0466	E0467
		E0470	E0482	E0483	E0485
		E0486	E0500	E0575	E0601
		E0617	E0618	E0619	E0635
		E0637	E0638	E0639	E0641
		E0642	E0652	E0656	E0670
		E0676	E0744	E0745	E0762
		E0764	E0769	E0770	E0784
		E0947	E0948	E0955	E0956
		E0957	E0960	E0983	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1011	E1012	E1015
		E1028	E1029	E1030	E1035
		E1036	E1037	E1038	E1039
		E1050	E1060	E1070	E1083



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E1084	E1085	E1086	E1087
		E1088	E1089	E1090	E1092
		E1093	E1100	E1110	E1140
		E1150	E1160	E1161	E1170
		E1171	E1172	E1180	E1190
		E1195	E1200	E1220	E1222
		E1223	E1224	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1240
		E1250	E1260	E1270	E1280
		E1285	E1290	E1295	E1300
		E1399	E1405	E1406	E1800
		E1801	E1802	E1805	E1806
		E1810	E1811	E1812	E1815
		E1816	E1818	E1825	E1830
		E1840	E2201	E2202	E2203
		E2204	E2216	E2217	E2218
		E2227	E2228	E2230	E2231
		E2291	E2292	E2293	E2294
		E2295	E2301	E2310	E2311
		E2312	E2313	E2321	E2322
		E2323	E2324	E2325	E2326
		E2327	E2328	E2329	E2330
		E2331	E2340	E2341	E2342
		E2343	E2351	E2359	E2370
		E2372	E2373	E2374	E2375
		E2376	E2377	E2378	E2381
		E2382	E2383	E2384	E2385
		E2386	E2387	E2388	E2389
		E2390	E2391	E2392	E2394
		E2395	E2396	E2397	E2402
		E2502	E2504	E2506	E2508
		E2510	E2512	E2601	E2602
		E2603	E2604	E2605	E2606
		E2607	E2608	E2609	E2610
		E2611	E2612	E2613	E2614
		E2615	E2616	E2617	E2619
		E2620	E2621	E2622	E2623
		E2624	E2625	E8000	E8001
		E8002	K0002	K0003	K0004
		K0005	K0006	K0007	K0009
		K0108	K0606	K0669	K0730
		K0800	K0801	K0802	K0806
		K0807	K0808	K0812	K0813
		K0814	K0815	K0816	K0820
		K0821	K0822	K0823	K0824

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		K0825	K0826	K0827	K0828
		K0829	K0830	K0831	K0835
		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	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5341	L5400
		L5420	L5500	L5505	L5510
		L5520	L5530	L5535	L5540
		L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5616
		L5639	L5643	L5645	L5647
		L5648	L5649	L5651	L5700
		L5701	L5702	L5716	L5718
		L5781	L5782	L5790	L5795
		L5811	L5816	L5818	L5845
		L5950	L5960	L5964	L5966
		L5968	L5988	L5990	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	L6638
		L6686	L6689	L6690	L6693
		L6694	L6696	L6697	L6707
		L6708	L6709	L6712	L6713
		L6714	L6721	L6722	L6883
		L6900	L6905	L6910	L6915
		L6920	L6930	L6940	L6950
		L6960	L6970	L7040	L8041
		L8042	L8043	L8044	L8045
	L8046	L8500	L8691	L8692	
	L8694	S1040	S8189	S9435	
	V2623	V2627			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Enteral and parenteral therapy</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4150	B4158	B4159	B4160
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477 95966	36514 95967	64722	95965
<b>Foot surgery</b>	Prior authorization required	28285 28295 28299	28289 28296	28291 28297	28292 28298
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31237 31254 31259 31288	31239 31255 31267	31240 31256 31276	31253 31257 31287
<b>Gender dysphoria treatment</b>	Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	11980 15734 53410 54660 55180 56810 58720 64896	14000 15738 53430 54690 56625 57110 58940 90785	14001 15750 54125 55150 56800 57425 64856 96372	14041 31750 54520 55175 56805 58661 64892
<b>Gender reassignment</b>	Prior authorization required	57335			
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting		<b>BRCA Genetic Testing</b>		
			81162	81163	81164
					81432
	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.		<b>Genetic Testing</b>		
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.		81228 81400 81405 81410 81414 81431 81445 81479 81521 81599 0006M 0023U 0088U 0170U	81229 81401 81406 81411 81415 81435 81439 81448 81518 81522 87505 0007M 0026U 0111U	81277 81403 81407 81412 81416 81440 81460 81519 81523 87506 0018U 0055U 0129U 0172U
					81349 81404 81408 81413 81417 81437 81443 81465 81520 81595 87507 0022U 0087U 0154U

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization					
<b>Genetic and molecular testing to include BRCA gene testing (cont.)</b>		0175U	0171U	0209U	0173U		
		0215U	0179U	0217U	0214U		
		0237U	0216U	0245U	0218U		
		0252U	0238U	0254U	0250U		
		0260U	0253U	0264U	0258U		
		0266U	0262U	0268U	0265U		
		0270U	0267U	0272U	0269U		
		0274U	0271U	0277U	0273U		
		0282U	0276U	0286U	0278U		
		0288U	0285U	0290U	0287U		
		0292U	0289U	0294U	0291U		
		0297U	0293U	0299U	0296U		
		S3870	0298U	0300U			
<b>Hearing</b>	Prior authorization required	V5014	V5050	V5060	V5130		
		V5140	V5261	V5264	V5267		
<b>Heart</b>	Prior authorization required	33266					
<b>Home health</b>	Prior authorization required	G0155	G0156	G0162			
		G0299	G0300	G0495	S5108		
		S5109	S9122	S9123	S9124		
		S9127	T1004	T1021	T1022		
		T1030	T1031				
				<b>Occupational therapy</b>			
				G0158	G0160	S9129	
				<b>Physical therapy</b>			
				G0157	G0159	S9131	
				<b>Physical therapy/occupational therapy</b>			
				G0151	G0152		
				<b>Speech therapy</b>			
				G0153	G0161	S9128	
<b>Hospice</b>	Prior authorization required	G0493	G0494	Q5001	Q5005		
		T2042	T2045				
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260		
		58262	58263	58267	58270		
		58285	58290	58291	58292		
		58294	58541	58542	58543		
		58544	58550	58552	58553		
		58554	58570	58571	58572		
		58573					
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous	Prior authorization required*	<b>Actemra®</b>					
		J3262					
		<b>Acthar® Gel</b>					

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
infusion, subcutaneously or intra-muscularly		<p>J0801</p> <p><b>Adakveo®</b></p> <p>J0791</p> <p><b>Aduhelm</b></p> <p>J0172</p> <p><b>Adzyna</b></p> <p>J7171</p> <p><b>Aldurazyme®</b></p> <p>J1931</p> <p><b>Amondys 45</b></p> <p>J1426</p> <p><b>Amvuttra™</b></p> <p>J0225</p> <p><b>Aralast NP®, Prolastin-C®, Zemaira®</b></p> <p>J0256</p> <p><b>Ascniv</b></p> <p>J1554</p> <p><b>Avsola</b></p> <p>Q5121</p> <p><b>Azedra®</b></p> <p>A9590</p> <p><b>Benlysta</b></p> <p>J0490</p> <p><b>Beovu®</b></p> <p>J0179</p> <p><b>Beqvez</b></p> <p>J1414</p> <p><b>Berinert®</b></p> <p>J0597</p> <p><b>Botox®</b></p> <p>J0585</p> <p><b>Brineura®</b></p> <p>J0567</p> <p><b>Briumvi®</b></p> <p>J2329</p> <p><b>Bynfezia™ Pen, Octreotide Acetate, Sandostatin®</b></p> <p>J2354</p> <p><b>Byooviz™</b></p> <p>Q5124</p> <p><b>Cerezyme®</b></p>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J1786 <b>Cimerli™</b> Q5128 <b>Cimzia®</b> J0717 <b>Cinqair®</b> J2786 <b>Cinryze®</b> J0598 <b>Cosentyx</b> J3247 <b>Cortrophin Gel™</b> J0802 <b>Crysvita</b> J0584 <b>Cutaquig®</b> J1551 <b>Daxxify®</b> J0589 <b>Dysport®</b> J0586 <b>Elaprase®</b> J1743 <b>ElELYso®</b> J3060 <b>Elevidys</b> J1413 <b>Elfabrio</b> J2508 <b>Enjaymo™</b> J1302 <b>Entyvio®</b> J3380 <b>Evenity™</b> J3111 <b>Evkeeza</b> J1305 <b>Exondys 51™</b> J1428 <b>Eylea®</b> J0178

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		<b>Eylea HD</b> J0177 <b>Fabrazyme®</b> J0180 <b>Fasenra™</b> J0517 <b>Fensolvi®</b> J1951 <b>Feraheme®</b> Q0138 <b>Firmagon®</b> J9155 <b>Fulphila®</b> Q5108 <b>Fynetra®</b> Q5130 <b>Gel-One</b> J7326 <b>GenVisc 850</b> J7320 <b>Givlaari®</b> J0223 <b>Glassia®</b> J0257 <b>Granix®</b> J1447 <b>Hemgenix®</b> J1411 <b>Hyalgan®, Supartz®, Visco-3</b> J7321 <b>Hymovis</b> J7322 <b>Ilaris®</b> J0638 <b>Ilumya®</b> J3245 <b>Inflectra</b> Q5103 <b>Injectafer®</b> J1439 <b>IVIG</b>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		J1459	J1552	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		<b>IVG/SCIG</b>			
		90283	90284		
		<b>Izervay</b>			
		J2782			
		<b>Kalbitor®</b>			
		J1290			
		<b>Kanuma®</b>			
		J2840			
		<b>Kisunla</b>			
		J0175			
		<b>Korsuva</b>			
		J0879			
		<b>Lamzede®</b>			
		J0217			
		<b>Lanreotide</b>			
		J1932			
		<b>Lemtrada®</b>			
		J0202			
		<b>Leqembi®</b>			
		J0174			
		<b>Leqvio™</b>			
		J1306			
		<b>Lucentis®</b>			
		J2778			
		<b>Lumizyme®</b>			
		J0221			
		<b>Lupron Depot, Eligard®</b>			
		J9217			
		<b>Lupron Depot®, Lupron Depot-PED®</b>			
	J1950				
	<b>Lutathera®</b>				
	A9513				
	<b>Luxturna™</b>				
	J3398				
	<b>Mepsevii®</b>				
	J3397				
	<b>Monovisc</b>				



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J7327 <b>Myobloc®</b> J0587 <b>Naglazyme®</b> J1458 <b>Neulasta®</b> J2506 <b>Neupogen®</b> J1442 <b>Nexviazyme®</b> J0219 <b>Nivestym®</b> Q5110 <b>Nplate®</b> J2802 <b>Nucala®</b> J2182 <b>Ocrevus™</b> J2350 <b>Omvoh IV</b> J2267 <b>Onpattro™</b> J0222 <b>Orencia®</b> J0129 <b>Orthovisc®</b> J7324 <b>Oxlumo™</b> J0224 <b>Panzyga®</b> J1576 <b>Parsabiv™</b> J0606 <b>Pombiliti™</b> J1203 <b>Prolia®, Xgeva®</b> J0897 <b>Qalsody™</b> J1304 <b>Radicava®</b> J1301

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		<b>Reblozyl®</b> J0896 <b>Releuko®</b> Q5125 <b>Remicade®</b> J1745 <b>Renflexis</b> Q5104 <b>Rituxan®</b> J9312 <b>Roctavian</b> J1412 <b>Rolvedon™</b> J1449 <b>Ruconest®</b> J0596 <b>Ryplazim®</b> J2998 <b>Rystiggo</b> J9333 <b>Sandostatin LAR® Depot</b> J2353 <b>Saphnelo™</b> J0491 <b>Scenesse</b> J7352 <b>Signifor® LAR</b> J2502 <b>Simponi Aria®</b> J1602 <b>Skyrizi®</b> J2327 <b>Soliris®</b> J1300 <b>Somatuline® Depot</b> J1930 <b>Spevigo®</b> J1747 <b>Spinraza™</b> J2326 <b>Stelara® (IV use)</b>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		J3358 <b>Stimufend®</b> Q5127 <b>Supprelin® LA</b> J9226 <b>Susvimo™</b> J2779 <b>Syfovre™</b> J2781 <b>Synagis®</b> 90378 <b>Synojynt</b> J7331 <b>Synvisc/Synvisc One</b> J7325 <b>Tepezza</b> J3241 <b>Tezspire™</b> J2356 <b>Therapeutic Radiopharmaceuticals</b> A9607 <b>Tofidence</b> Q5133 <b>Trelstar®</b> J3315 <b>Tremfya IV</b> J1628 <b>Triptodur™</b> J3316 <b>Trivisc</b> J7329 <b>Truxima®</b> Q5115 <b>Tyenne</b> Q5135 <b>Tysabri®</b> J2323 <b>Tzield™</b> J9381 <b>Udenyca®</b> Q5111

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		<b>Ultomiris®</b> J1303 <b>Uplizna</b> J1823 <b>Vabysmo</b> J2777 <b>Veopoz™</b> J9376 <b>Viltepso</b> J1427 <b>Vimizim®</b> J1322 <b>Vyepti</b> J3032 <b>Vyjuvek</b> J3401 <b>Vyondys 53®</b> J1429 <b>Vyvgart® Hytrulo</b> J9334 <b>Xembify</b> J1558 <b>Xenpozyme™</b> J0218 <b>Xeomin®</b> J0588 <b>Xofigo®</b> A9606 <b>Xolair®</b> J2357 <b>Zarxio®</b> Q5101 <b>Zilretta®</b> J3304 <b>Zoladex®</b> J9202 <b>Zolgensma®</b> J3399 <b>Other injectable medications requiring prior authorization</b> A9699

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		*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 the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.			
<b>Injectable medications- unclassified or temporary codes</b>	Prior authorization required**	J3490*	J3590*		
		*For Unclassified or temporary codes J3490 and J3590 prior authorization is only required for Lantidra, Monoferic®, Nulibry™, Revcovi, Rivfloza, and Zulresso™			
		**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 the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.			
<b>Injection arthrogram</b>	Prior authorization required	27096			
<b>Mastectomy</b>	Prior authorization required	19300			
<b>Medicine services and procedures</b>	Prior authorization required	96116	96121	96130	96131
		96132	96133	96136	96137
		96138	96139	96146	97124
		97537	97750		
<b>Neurostimulators</b>	Prior authorization required	43648	43882	61863	61864
Implantation of a device that sends electrical impulses		61867	61868	61885	61886
		64553	64555	64568	64590
		64595			
<b>Non Emergency Transportation</b>		<b>Air Ambulance</b>			
		A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Orthognathic surgery</b>	Prior authorization required	21010	21050	21060	21116
Treatment of maxillofacial functional impairment		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	21243	21244
		21245	21246	21247	21248
		21249	21255	21296	
<b>Orthotics and prosthetics</b>	Prior authorization required	<b>Orthotics and prosthetics regardless of cost</b>			
		L0220	L0452	L0622	L2387
		L2520	L2755	L3806	L3905

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization				
Orthotics and prosthetics (cont.)		L3913	L3933	L4030	L5673	
		L5679	L5704	L5976	L6611	
		L6615	L6616	L6620	L6629	
		L6895	L8629			
		<b>Orthotics and prosthetics with a billed amount or cumulative rental cost of more than \$500</b>				
		L0113	L0456	L0457	L0462	
		L0464	L0480	L0482	L0484	
		L0486	L0488	L0491	L0624	
		L0629	L0631	L0632	L0634	
		L0635	L0636	L0637	L0638	
		L0639	L0640	L0648	L0650	
		L0651	L1000	L1200	L1300	
		L1310	L1680	L1685	L1686	
		L1690	L1700	L1710	L1720	
		L1730	L1755	L1832	L1834	
		L1840	L1843	L1844	L1845	
		L1846	L1860	L1945	L1950	
		L1951	L1970	L2000	L2005	
		L2010	L2020	L2030	L2034	
		L2036	L2037	L2038	L2108	
		L2350	L2510	L2525	L2526	
		L2627	L2628	L3330	L3671	
		L3702	L3720	L3730	L3740	
		L3763	L3904	L3971	L4631	
		L5010	L5020	L5050	L5060	
		L5100	L5105	L5150	L5160	
		L5200	L5210	L5220	L5610	
		L5611	L5613	L5614	L5681	
		L5683	L5705	L5706	L5707	
		L5722	L5724	L5726	L5728	
		L5780	L5814	L5822	L5824	
		L5826	L5828	L5830	L5840	
		L5848	L5856	L5857	L5858	
		L5859	L5930	L5973	L5979	
		L5980	L5981	L5987	L6881	
		L6882	L6925	L6935	L6945	
		L6955	L6965	L6975	L7007	
		L7008	L7009	L7045	L7170	
		L7180	L7181	L7185	L7186	
		L7190	L7191	L7259	L8499	
	<b>Outpatient therapy</b>	Prior authorization required	<b>Physical therapy/occupational therapy</b>			
			94667	94668	97012	97016
			97018	97022	97024	97026
			97028	97032	97033	97034
			97035	97036	97110	97112

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Outpatient therapy (cont.)</b>		97113	97116	97140	97150
		97530	97535	97542	
		<b>Speech therapy</b>			
		92507	92508	92526	92606
		92609	92611	92612	92630
		92633	97129	97130	
<b>Pain injections</b>	Prior authorization required	62280	62281	62282	62291
		62292			
<b>Pain management</b>	Prior authorization required	20552	20553	62320	62321
		62322	62323	62324	62325
		62326	62327	62350	62351
		62360	62361	62362	62367
		62368	62369	62370	64405
		64408	64415	64416	64417
		64418	64420	64421	64430
		64445	64446	64447	64448
		64449	64450	64451	64454
		64479	64483	64490	64491
		64492	64493	64494	64495
		64505	64510	64517	64520
		64600	64633	64634	64635
		64636	64640	E0782	E0783
<b>Pancreas</b>	Prior authorization required	48160			
<b>Potentially cosmetic</b>	Prior authorization required (For Potentially cosmetic procedures also reference Cosmetic category above)	11440	11960	11970	11971
		14020*	14021*	14040	14060
		14061*	14301	15570	15572
		15574	15730	15731	15733
		15736	15740	15756	15820
		15821	15822	15823	15877
		15878	15879	17106	17107
		17108	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21260	21261
		21263	21267	21268	21275
		21280	21282	21295	21740
		21742	21743	28344	30400
		30410	30420	30430	30435
		30450	30460	30462	30465
		30540	30545	30620	31295
		31296	31297	31298	33289
		54400	54401	54405	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Potentially cosmetic (cont.)		67917	67921	67922	67923
		67924	67950	67961	67966
		C2624			

\* Prior authorization not required when billed with the following diagnosis codes:

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
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



Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Potentially cosmetic (cont.)		D04.39 D04.61 D04.72	D04.4 D04.62 D04.8	D04.5 D04.70 D04.9	D04.60 D04.71
<b>Prescribed pediatric extended care services (PPEC)</b>	Prior authorization required	T1025	T1026		
<b>Private duty nursing</b>	Prior authorization required	T1000			
<b>Prostate</b>	Prior authorization required	37243 55874	52441	52442	
		<b>Cryosurgical ablation of prostate</b>			
		55873			
		<b>Prostate microwave</b>			
		53850	53852		
<b>Pulmonary</b>	Prior authorization required	32491			
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b>			
		77014 G6017	77387	G6001	G6002
		<b>Associated/special services (special plan &amp; services)</b>			
		77331	77370	77399	77470
		<b>IMRT</b>			
		77385	77386	G6015	G6016
		<b>Proton beam</b>			
		77520	77522	77523	77525
		<b>SBRT/SRS</b>			
		77371 G0340	77372	77373	G0339
		<b>Standard radiation therapy* 2D or 3D</b>			
		77401 G6003 G6007 G6011	77402 G6004 G6008 G6012	77407 G6005 G6009 G6013	77412 G6006 G6010 G6014
		<b>Y90</b>			
		S2095	79445		
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	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 <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Radiology (cont.)</b>		the Prior Authorization and Notification tool 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 <b>UHCprovider.com/Kycommunityplan</b> >Prior Authorization and Notification>Radiology Prior Authorization and Notification program			
<b>Shoulder</b>	Prior authorization required	23412			
<b>Sleep apnea procedures &amp; surgeries</b>	Prior authorization required	21685	42145		
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.				
<b>Sleep studies</b>	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>	95811			
<b>Spinal cord stimulator</b>	Prior authorization required	63650	63655	63661	63662
Spinal cord stimulators when implanted for pain management		63663	63664	63685	63688
		64570			
<b>Spine surgery</b>	Prior authorization required	20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22513	22514	22515
		22532	22533	22534	22548
		22551	22552	22554	22556
		22558	22585	22586	22590
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849
		22850	22852	22853	22854
		22855	22856	22857	22858
		22859	22861	22862	27279

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Spine Surgery (cont.)</b>		27280	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63043	63044	63045
		63046	63047	63048	63050
		63051	63055	63056	63057
		63064	63066	63075	63076
		63077	63078	63081	63082
		63085	63086	63087	63088
		63090	63091	63101	63102
		63103	63170	63172	63173
		63185	63190	63191	63197
		63200	63250	63251	63252
		63265	63266	63267	63268
		63270	63271	63272	63273
		63275	63276	63277	63278
		63280	63281	63282	63283
		63285	63286	63287	63290
		63295	63300	63301	63302
	63303	63304	63305	63306	
	63307	63308			
Surgery	Prior authorization required	32672			
<b>Surgery - cardio, hemic, &amp; lymphatic</b>	Prior authorization required	33274	33275		
<b>Surgery - digestive</b>	Prior authorization required	43647			
<b>Surgery - eye and ear</b>	Prior authorization required	69300			
<b>Surgery - integumentary</b>	Prior authorization required	10121	15824	15825	15826
		15828	15829	15830	15832
		15833	15834	15836	15837
		15839			
<b>Surgery - musculoskeletal</b>	Prior authorization required	21270	22526	22867	22869
<b>Surgery - nervous system</b>	Prior authorization required	62263	62287		
<b>Transplant</b> Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.			
		32851	32852	32853	32854
		32855	33933	33935	33945
		38206	38207	38208	38209
		38210	38212	38213	38214
		38215	38230	38232	38240
		38241	38242	44135	44136

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Transplant (cont.)</b>		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47144	47145	47146
		48554	50325	50340	50360
		50365	50370	S2053	S2054
		S2060	S2065	S2140	S2142
		S2150			
		<b>CAR-T</b>			
		J3490	J3590	J9999	Q2041
		Q2042	Q2053	Q2056	
		<b>Gene therapy</b>			
		J3392	J3393	J3394	J3490*
		J3590*			
	* Amtagvi, Lenmeldy, Skysona and Tecelra will require PA through Optum Transplant				
<b>Transplant - corneal transplant</b>	Prior authorization required	65710			
<b>Vein procedures</b>	Prior authorization required	36465	36466	36470	36471
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36473	36474	36475	36478
		36479	36482	36483	37700
		37718	37722	37735	37765
		37766	37780	37785	
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on 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>			
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			