

Prior Authorization Requirements for Kentucky Medicaid

Effective May 1, 2023

General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Kentucky participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:** 866-604-3267

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.

Prior authorization is the process where health care providers seek approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24366	24370	24371
		25332	25441	25442	25443
		25444	25445	25446	25447
		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			
Arthroscopy	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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Arthroscopy (continued)		29875	29876	29877	29879
		29880	29881	29882	29883
		29884	29885	29886	29887
		29888	29889	29891	29892
		29893	29894	29895	29897
		29898	29899	29914	29915
		29916			
Bariatric	Prior authorization required	43644	43645	43659	43770
	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.	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43886
		43887	43888		
		Bariatric with DX code	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			
Behavioral health services	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"> For ABA Therapy, submit via fax or Provider Express 			
Body Lengthening	Prior authorization required	25280	27685		
Bone Growth Stimulator	Prior authorization required Electronic stimulation or ultrasound to heal fractures	20974	20975	20979	E0747
		E0748	E0760		
Bone Marrow / Stem Cell	Prior authorization required	38204	38205	38211	38230
		38232	38243		
Breast Reconstruction (non-mastectomy)	Prior authorization required Reconstruction of the breast except when following mastectomy	19316	19318	19325	19328
		19330	19340	19342	19350
		19364	19367	19368	19369
		19370	19371	19380	19396
	Notification/prior authorization not required for the following diagnosis codes:				
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Breast Reconstruction (non-mastectomy) (continued)		C50.512	C50.519	C50.611	C50.612	
		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				
	Cancer supportive care	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><u>Anti-Emetics that require prior authorization:</u></p> <p>Akynzeo® (palonosetron/fosnetupitant) J1454</p> <p>Cinvanti™ (aprepitant) J0185</p> <p>Emend® (fosaprepitant) J1453</p> <p>Nyvepria® (pegfilgrastim-apgf) Q5122</p> <p>Releuko® (Filgrastim-ayow) Q5125</p> <p>Sustol® (granisetron extended release) J1627</p> <p>Ziextenzo (pegfilgrastim-bmez) Q5120</p> <p>To submit prior authorization, please call 888-397-8129</p>			
	Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echocardiograms prior to performance	33206	33207	33208	33212
33213			33214	33221	33224	
33225			33227	33228	33229	
33230			33231	33240	33249	
33262			33263	33264	33270	
93303			93304	93306	93307	
93308			93319	93350	93351	
93452			93453	93454	93455	
93456			93457	93458	93459	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiology (continued)

93460 93461

For notification/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 tile on your Provider Portal dashboard. Or call **866-889-8054**.

Cardiovascular Prior authorization required

Cardiology

33285	37220*	37221*	37224*
37225*	37226*	37227*	37228*
37229*	37230	37231	93580
93653	93656		

Potentially Unproven

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/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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/or How to Obtain Prior Authorization			
Carpal Tunnel	Prior authorization required	29848	64721		
Cartilage Implants	Prior authorization required	27412	27415	27416	29866
		29867	29868		
Cerebral Seizure Monitoring	Prior authorization required	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy	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
		J1950	J1952	J2506	J2820
		J2860	J9000	J9015	J9017
		J9019	J9020	J9021	J9022
		J9023	J9025	J9027	J9030
		J9032	J9033	J9034	J9035
		J9036	J9037	J9039	J9040
		J9041	J9042	J9043	J9045
		J9046	J9047	J9048	J9049
		J9050	J9055	J9057	J9060
		J9061	J9065	J9070	J9071
		J9098	J9100	J9118	J9119
		J9120	J9130	J9144	J9145
		J9150	J9151	J9153	J9155
		J9160	J9165	J9171	J9173
		J9175	J9176	J9177	J9178
		J9179	J9181	J9185	J9190
		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	J9250
		J9260	J9261	J9262	J9263
		J9264	J9266	J9267	J9268
		J9269	J9270	J9271	J9272
		J9273	J9274	J9280	J9281
		J9285	J9293	J9295	J9298
		J9299	J9301	J9302	J9303
		J9304	J9305	J9306	J9307
		J9308	J9309	J9311	J9312
		J9313	J9314	J9316	J9317
		J9318	J9319	J9320	J9325
		J9328	J9330	J9331	J9332
		J9340	J9348	J9349	J9351

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Chemotherapy (continued)		J9352	J9353	J9354	J9355
		J9356	J9357	J9358	J9359
		J9360	J9370	J9371	J9390
		J9394	J9395	J9400	J9600
		J9999	Q2017	Q2043	Q2050
		Q2055	Q5101	Q5107	Q5108
		Q5110	Q5111	Q5112	Q5113
		Q5114	Q5115	Q5116	Q5117
		Q5118	Q5119	Q5123	Q5126
Cochlear implants and other auditory implants	Prior authorization required	Cochlear Implants and Other Auditory Implants Regardless of Cost			
A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech		L8615	L8616	L8617	L8618
		Cochlear Implants and Other Auditory Implants with a billed amount or cumulative rental cost of more than \$500			
		69710	69714	69717	69930
		L8619	L8627	L8628	
Congenital Heart Disease	Prior authorization required	33251	33254	33255	33256
Congenital heart disease-related services, including pre-treatment evaluation		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	33722	33724
		33726	33730	33732	33735
		33736	33737	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	33917	33920	
	33924	93531	93532	93533	
	93561	93562	93581		
Continuous Glucose Monitoring	Prior authorization required	Continuous Glucose Monitoring with a billed amount or cumulative rental cost of more than \$500			
		95250	95251	A9276	A9277
		A9278	A4238	A4239	E2102

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		E2103			
Cosmetic	Prior authorization required <i>(For Cosmetic procedures also reference Potentially Cosmetic category below)</i>	21137			
Durable Medical Equipment (DME)	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	E2366
		E2367	E2368	E2369	
		DME with a billed amount or cumulative rental cost of more than \$500			
		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
		E1084	E1085	E1086	E1087
		E1088	E1089	E1090	E1092
		E1093	E1100	E1110	E1140
		E1150	E1160	E1161	E1170
		E1171	E1172	E1180	E1190
		E1195	E1200	E1220	E1222

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable Medical Equipment (DME) (continued)		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	E2300	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	K0825	K0826	K0827	
	K0828	K0829	K0830	K0831	
	K0835	K0836	K0837	K0838	
	K0839	K0840	K0841	K0842	
	K0843	K0848	K0849	K0850	
	K0851	K0852	K0853	K0854	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable Medical Equipment (DME) (continued)		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	
	L8694	S1040	S8189	S9435	
		V2623	V2627		
Enteral and Parenteral Therapy In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4150	B4158	B4159	B4160
Experimental and Investigational (and/or linked services)	Prior authorization required	33477 95966	36514 95967	64722	95965

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Foot Surgery	Prior authorization required	28285	28289	28291	28292
		28295	28296	28297	28298
		28299			
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required	31237	31239	31240	31253
		31254	31255	31256	31257
		31259	31267	31276	31287
		31288			
Gender Dysphoria Treatment	Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	11980	14000	14001	14041
		15734	15738	15750	31750
		53410	53430	54125	54520
		54660	54690	55150	55175
		55180	56625	56800	56805
		56810	57110	57425	58661
		58720	58940	64856	64892
	64896	90785	96372		
Gender Reassignment	Prior authorization required	57335			
Genetic and Molecular Testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	BRCA Gene Testing			
		81162	81163	81164	81165
		81166	81212	81216	81432
		81433			
	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. 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.	Genetic Testing			
		81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81167	81168
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81191	81192	81193
		81194	81200	81201	81203
		81204	81205	81208	81209
		81218	81220	81222	81223
		81224	81225	81226	81227
		81228	81229	81230	81231
		81232	81233	81234	81236
81237		81238	81239	81240	
81241	81242	81243	81244		
81245	81246	81247	81248		
81249	81250	81251	81252		
81253	81254	81255	81256		
81257	81258	81259	81260		
81261	81262	81263	81264		
81265	81266	81267	81268		
81269	81271	81272	81273		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and Molecular Testing to include BRCA gene testing (continued)		81274	81276	81277	81278
		81279	81283	81284	81285
		81286	81287	81288	81289
		81290	81291	81292	81294
		81295	81297	81298	81300
		81302	81303	81304	81305
		81306	81307	81309	81310
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81327
		81328	81329	81330	81331
		81332	81333	81334	81335
		81336	81337	81338	81339
		81340	81341	81342	81343
		81344	81345	81346	81347
		81348	81349	81350	81351
		81352	81353	81355	81357
		81360	81361	81362	81363
		81364	81370	81371	81372
		81373	81375	81376	81377
		81378	81379	81380	81381
		81382	81383	81400	81401
		81403	81404	81405	81406
		81407	81408	81410	81411
		81412	81413	81414	81415
		81416	81417	81419	81430
		81431	81434	81435	81436
		81437	81438	81439	81440
		81442	81443	81445	81448
		81460	81465	81470	81471
		81479	81518	81519	81520
		81521	81522	81523	81554
		81595	81599	87481	87482
		87505	87506	87507	87510
		87511	87512	87623	87797
		87798	87799	87800	87801
		0001U	0004M	0006M	0007M
		0012U	0013U	0014U	0016U
		0017U	0018U	0022U	0023U
	0026U	0027U	0030U	0031U	
	0032U	0033U	0034U	0040U	
	0046U	0049U	0055U	0068U	
	0070U	0071U	0072U	0073U	
	0074U	0075U	0076U	0084U	
	0087U	0088U	0097U	0111U	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and Molecular Testing to include BRCA gene testing (continued)		0129U	0136U	0137U	0154U
		0155U	0157U	0158U	0159U
		0160U	0161U	0168U	0169U
		0170U	0171U	0172U	0173U
		0175U	0177U	0179U	0180U
		0181U	0182U	0183U	0184U
		0185U	0186U	0187U	0188U
		0189U	0190U	0191U	0192U
		0193U	0194U	0195U	0196U
		0197U	0198U	0199U	0200U
		0201U	0203U	0205U	0209U
		0214U	0215U	0216U	0217U
		0218U	0221U	0222U	0229U
		0230U	0231U	0232U	0234U
		0235U	0236U	0237U	0238U
		0245U	0246U	0250U	0252U
		0253U	0254U	0258U	0260U
		0262U	0264U	0265U	0266U
		0267U	0268U	0269U	0270U
		0271U	0272U	0273U	0274U
		0276U	0277U	0278U	0282U
		0285U	0286U	0287U	0288U
		0289U	0290U	0291U	0292U
	0293U	0294U	0296U	0297U	
	0298U	0299U	0300U	S3870	
Hearing	Prior authorization required	V5014 V5140	V5050 V5261	V5060 V5264	V5130 V5267
Heart	Prior authorization required	33266			
Home Health	Prior authorization required	G0155 G0299 S5109 S9127 T1030	G0156 G0300 S9122 T1004 T1031	G0162 G0495 S9123 T1021	G0164 S5108 S9124 T1022
		Occupational Therapy			
		G0158	G0160	S9129	
		Physical Therapy			
		G0157	G0159	S9131	
		Physical Therapy/Occupational Therapy			
		G0151	G0152		
		Speech Therapy			
		G0153	G0161	S9128	
Hospice	Prior authorization required	G0493 T2042	G0494 T2045	Q5001	Q5005

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58280	58285	58290
		58291	58292	58294	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required*	Actemra®			
		J3262			
		Acthar® Gel			
		J0800			
		Adakveo®			
		J0791			
		Aduhelm			
		J0172			
		Aldurazyme®			
		J1931			
		Amondys 45			
		J1426			
		Amvuttra™			
		J0225			
		Apretude			
		J0739			
		Aralast NP®, Prolastin-C®, Zemaira®			
J0256					
Ascniv					
J1554					
Avsola					
Q5121					
Azedra®					
A9590					
Benlysta					
J0490					
Beovu®					
J0179					
Beriner®					
J0597					
Botox®					
J0585					
Brineura®					
J0567					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Bynfezia™ Pen, Octreotide Acetate, Sandostatin® J2354 Byooviz™ Q5124 Cabenuva J0741 Cerezyme® J1786 Cimerli™ Q5128 Cimzia® J0717 Cinqair® J2786 Cinryze® J0598 Crysvita® J0584 Cutaquig® J1551 Dysport® J0586 Elaprase® J1743 ElELYso® J3060 Enjaymo™ J1302 Entyvio® J3380 Evenity™ J3111 Evkeeza J1305 Exondys 51™ J1428 Eylea® J0178 Fabrazyme® J0180

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		Fasenra™			
		J0517			
		Fensolvi®			
		J1951			
		Feraheme®			
		Q0138			
		Firmagon®			
		J9155			
		Fulphila®			
		Q5108			
		Fylnetra®			
		Q5130			
		Gel-One			
		J7326			
		GenVisc 850			
		J7320			
		Givlaari®			
		J0223			
		Glassia®			
		J0257			
		Granix®			
		J1447			
		Hemgenix®			
		J1411			
		Hyalgan®, Supartz®, Visco-3			
		J7321			
		Hydroxyprogesterone Caproate (generic Delalutin®)			
		J1729			
		Hymovis			
		J7322			
	Ilaris®				
	J0638				
	Ilumya®				
	J3245				
	Inflectra				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	J1459	J1555	J1556	J1557	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599
		IVG/SCIG			
		90283	90284		
		Kalbitor®			
		J1290			
		Kanuma®			
		J2840			
		Korsuva			
		J0879			
		Lanreotide			
		J1932			
		Lemtrada®			
		J0202			
		Leqvio™			
		J1306			
		Lucentis®			
		J2778			
		Lumizyme®			
		J0221			
		Lupron Depot, Eligard®			
		J9217			
		Lupron Depot®, Lupron Depot-PED®			
		J1950			
		Lutathera®			
		A9513			
		Luxturna™			
		J3398			
		Makena® / Hydroxyprogesterone Caproate			
		J1726			
		Mepsevii®			
		J3397			
		Monovisc			
		J7327			
		Myobloc®			
		J0587			
		Naglazyme®			
		J1458			
		Neulasta®			
		J2506			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Neupogen® J1442 Nexviazyme® J0219 Nivestym® Q5110 Nplate® J2796 Nucala® J2182 Ocrevus™ J2350 Onpattro™ J0222 Orencia® J0129 Orthovisc® J7324 Oxlumo™ J0224 Parsabiv™ J0606 Procrit®, Epogen® J0885 Prolia®, Xgeva® J0897 Radicava® J1301 Reblozyl® J0896 Releuko® Q5125 Remicade® J1745 Renflexis Q5104 Rituxan® J9312 Rolvedon™ J1449 Ruconest®

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<p>J0596</p> <p>Ryplazim®</p> <p>J2998</p> <p>Sandostatin LAR® Depot</p> <p>J2353</p> <p>Saphnelo™</p> <p>J0491</p> <p>Scenesse</p> <p>J7352</p> <p>Signifor® LAR</p> <p>J2502</p> <p>Simponi Aria®</p> <p>J1602</p> <p>Skyrizi®</p> <p>J2327</p> <p>Soliris®</p> <p>J1300</p> <p>Somatuline® Depot</p> <p>J1930</p> <p>Spevigo®</p> <p>J1747</p> <p>Spinraza™</p> <p>J2326</p> <p>Spravato</p> <p>S0013</p> <p>Stelara® (IV use)</p> <p>J3358</p> <p>Stimufend®</p> <p>Q5127</p> <p>Supprelin® LA</p> <p>J9226</p> <p>Susvimo™</p> <p>J2779</p> <p>Synagis®</p> <p>90378</p> <p>Synojoynt</p> <p>J7331</p> <p>Synvisc/Synvisc One</p> <p>J7325</p> <p>Tepezza</p> <p>J3241</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Tezspire™ J2356 Therapeutic Radiopharmaceuticals A9607 Trelstar® J3315 Triptodur™ J3316 Trivisc J7329 Trogarzo™ J1746 Truxima® Q5115 Tysabri® J2323 Tzield™ C9149 Udenyca® Q5111 Ultomiris® J1303 Uplizna J1823 Vabysmo J2777 Viltepso J1427 Vimizim® J1322 Visco-3 J7333 Vyepti J3032 Vyondys 53® J1429 Vyvgart® J9332 Xembify J1558 Xenpozyme™

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		J0218			
		Xeomin®			
		J0588			
		Xofigo®			
		A9606			
		Xolair®			
		J2357			
		Zarxio®			
		Q5101			
		Zilretta®			
		J3304			
		Zoladex®			
		J9202			
		Zolgensma®			
		J3399			
	Other injectable medications requiring prior authorization				
	A9699	J0275	J7308	J7314	
	J7340	J7525			
		*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.			
Injectable medications- Unclassified or temporary codes	Prior authorization required**	C9090*	C9094*	C9399*	J3490*
		J3590*			
		*For Unclassified or temporary codes, C9090, C9094, C9399, J3490 and J3590 prior authorization is only required for Monoferric®, Nulibry™ Purified Cortrophin™ Gel, Revcovi, Voraxaze® 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.			
Injection Arthrogram	Prior authorization required	27096			
Intensity modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Mastectomy	Prior authorization required	19300			
Medicine Services and Procedures	Prior authorization required	96116	96121	96130	96131
		96132	96133	96136	96137
		96138	96139	96146	97124
		97537	97750		
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43648	43882	61863	61864
		61867	61868	61885	61886
		64553	64555	64568	64590
		64595			
Orthognathic Surgery Treatment of maxillofacial functional impairment	Prior authorization required	21010	21050	21060	21116
		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			
Orthotics and Prosthetics	Prior authorization required	Orthotics and Prosthetics Regardless of Cost			
		L0220	L0452	L0622	L2387
		L2520	L2755	L3806	L3905
		L3913	L3933	L4030	L5673
		L5679	L5704	L5976	L6611
		L6615	L6616	L6620	L6629
		L6895	L8629		
		Orthotics and Prosthetics with a billed amount or cumulative rental cost of more than \$500			
		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		

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and Prosthetics (continued)		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	
Outpatient Therapy	Prior authorization required	Physical therapy/Occupational therapy			
		94667	94668	97012	97016
		97018	97022	97024	97026
		97028	97032	97033	97034
		97035	97036	97110	97112
		97113	97116	97140	97150
		97530	97535	97542	
		Speech therapy			
		92507	92508	92526	92606
		92609	92611	92612	92630
		92633	97129	97130	
Pain Injections	Prior authorization required	62280	62281	62282	62291
		62292			
Pain Management	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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Pancreas	Prior authorization required	48160			
Potentially Cosmetic	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	30560	30620
		31295	31296	31297	31298
		33289	54400	54401	54405
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Potentially Cosmetic (cont.)		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	
		D04.39	D04.4	D04.5	D04.60	
		D04.61	D04.62	D04.70	D04.71	
		D04.72	D04.8	D04.9		
	Prescribed Pediatric Extended Care Services (PPEC)	Prior authorization required	T1025	T1026		
	Private Duty Nursing	Prior authorization required	T1000			
	Prostate	Prior authorization required	37243	52441	52442	55866
			55874			
		Cryosurgical Ablation of Prostate				
		55873				
		Prostate Microwave				
		53850	53852			
Proton Beam Therapy	Prior authorization required	77522	77525			
Focused radiation therapy using beams of protons						
Pulmonary	Prior authorization required	32491				
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	70336	70450	70460	70470	
		70480	70481	70482	70486	
		70487	70488	70490	70491	
	• Certain CT, MRI, MRA and PET scans	70492	70496	70498	70540	
		70542	70543	70544	70545	
		70546	70547	70548	70549	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (continued)	• Nuclear medicine and nuclear cardiology procedures	70551	70552	70553	70555
		71250	71260	71270	71271
		71275	71550	71551	71552
		71555	72125	72126	72127
		72128	72129	72130	72131
		72132	72133	72141	72142
		72146	72147	72148	72149
		72156	72157	72158	72159
		72191	72192	72193	72194
		72195	72196	72197	72198
		73200	73201	73202	73206
		73218	73219	73220	73221
		73222	73223	73225	73700
		73701	73702	73706	73718
		73719	73720	73721	73722
		73723	73725	74150	74160
		74170	74174	74175	74176
		74177	74178	74181	74182
		74183	74185	74261	74262
		74712	74713	75557	75559
		75561	75563	75571	75572
		75573	75574	75635	76376
		76377	76380	76390	76391
		76497	76498	77021	77046
		77047	77048	77049	77084
		78012	78013	78014	78015
		78016	78018	78070	78071
		78072	78075	78099	78102
		78103	78104	78185	78195
		78199	78201	78202	78215
		78216	78226	78227	78230
		78231	78232	78258	78261
		78262	78264	78265	78266
		78278	78282	78290	78291
		78299	78300	78305	78306
		78315	78399	78428	78429
		78430	78431	78432	78433
		78445	78451	78452	78453
		78454	78456	78457	78458
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78496
		78499	78579	78580	78582
		78597	78598	78599	78600
		78601	78605	78606	78608
		78609	78610	78630	78635

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Radiology (continued)		78645	78650	78660	78699
		78700	78701	78707	78708
		78709	78740	78761	78799
		78800	78801	78802	78803
		78804	78811	78812	78813
		78814	78815	78816	78830
		78831	78832	78999	0697T
		0698T	0710T	0711T	0712T
		0713T	C8900	C8901	C8902
		C8903	C8904	C8905	C8906
		C8907	C8908	C8909	C8910
		C8911	C8912	C8913	C8914
		C8918	C8919	C8920	C8931
		C8932	C8933	C8934	C8935
		C8936	G0235	G0252	S8037
		S8042	S8085	S8092	

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 **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 **866-889-8054**.

Shoulder	Prior authorization required	23412			
Sleep Apnea Procedures & Surgeries	Prior authorization required 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.	21685	42145		
Sleep Studies	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			
Spinal Cord Stimulator	Prior authorization required	63650	63655	63661	63662
Spinal cord stimulators when implanted for pain management		63663	63664	63685	63688
		64570			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spine Surgery	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	22864
		22865	27279	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			
Surgery - Cardio, Hemic, & Lymphatic	Prior authorization required	33274	33275		
Surgery - Digestive	Prior authorization required	43647			
Surgery - Eye and Ear	Prior authorization required	69300			

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Surgery - Integumentary	Prior authorization required	10121	15819	15824	15825
		15826	15828	15829	15830
		15832	15833	15834	15836
		15837	15839		
		21270	22526	22867	22869
Surgery - Musculoskeletal	Prior authorization required				
Surgery - Nervous System	Prior authorization required	62263	62287		
Transplant 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® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call 800-418-4994 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
		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			
		CAR-T			
		J3490	J3590	J9999	Q2041
		Q2042	Q2053	Q2056	J3590
		J9999			
		Gene Therapy			
		C9399*	J3490*	J3590*	
		* Skysona™ and Zynteglo™ will require PA through Optum Transplant			
Transplant - Corneal Transplant	Prior authorization required	65710			
Vein Procedures	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	37760
		37761	37765	37766	37780
		37785			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Ventricular Assist Devices (VAD) 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 member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			