

# Prior authorization requirements for Minnesota Metro Medicaid

Effective September 1, 2023

## General information

This list also includes Senior Care Options, Senior Care Plus, Special Needs Basic Care, Long Term Services and Support prior authorization requirements for UnitedHealthcare Community Plan of Minnesota 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. Go to [UHCprovider.com](https://UHCprovider.com) and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Phone:** Call **877-440-9946**

**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.

Prior authorization: Request 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 required 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			
<b>Bariatric</b>	Prior authorization required There is a Centers 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
		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	Prior authorization required. Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	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 use services.			
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979	E0760	
<b>Breast cancer (BRCA) genetic testing</b>	Prior authorization required	81162	81163	81164	81165
		81166	81167	81212	81215
		81216	81217	81432	81433
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Breast reconstruction (non-mastectomy) (cont.)</b> following mastectomy		19368 19380	19369 19396	19370 L8600	19371
<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis <i>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology DX. See Injectable medications section below.</i>	<p><b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b></p> <p><b>Bio similar (Zarxio®)</b> Q5101*</p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Pegfilgrastim-apgf, biosimilar (Nyvepria®)</b> Q5122*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Filgrastim-ayow (Releuko®)</b> Q5125*</p> <p><b><u>Antiemetic drug:</u></b> J1456</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiology</b>	Prior authorization required for participating physicians for inpatient, outpatient, and office-based electrophysiology implants prior to performance Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, and stress echocardiograms prior to performance	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit Minnesota's <a href="#">Cardiology Prior Authorization and Notification Program</a>.</p>			
<b>Cardiovascular</b>	Prior authorization required	37220 37226 37230	37221 37227 37231	37224 37228 93580	37225 37229
<b>Cartilage implants</b>	Prior authorization required	27415	27416		
<b>Cerebral seizure monitoring – inpatient video electroencephalogram EEG</b>	Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code</li> </ul> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, you can call <b>888-397-8129</b>.</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Chiropractic** Prior authorization required

**Cochlear implants and other auditory implants** Prior authorization required

69710	69714	69930	L8614
L8619	L8690	L8691	L8692

A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech

**Cognitive rehabilitation** Prior authorization required H2012

**Cosmetic and reconstructive** Prior authorization required

11960	11971	14020*	14021*
14041	14060	14061*	14301
15820	15821	15822	15823
15830	15847	15877	15878
15879	17106	17107	17108
17999	21137	21138	21139
21172	21175	21179	21180
21181	21182	21183	21184
21230	21235	21256	21275
21280	21282	21295	21740
21742	21743	28344	30620
31299	67900	67901	67902
67903	67904	67906	67908
67909	67911	67912	67914
67915	67916	67917	67921
67922	67923	67924	67950
67961	67966	Q2026	

\*will NOT require prior auth when billed with skin cancer diagnoses

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Cosmetic and reconstructive (cont.)</b>		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	
		D04.39	D04.4	D04.5	D04.60	
		D04.61	D04.62	D04.70	D04.71	
		D04.72	D04.8	D04.9		
	<b>Durable medical equipment (DME)</b>	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
			E0265	E0266	E0270	E0277
			E0300	E0328	E0329	E0445
E0457			E0465	E0466	E0470	
Prosthetics are not DME – see		E0471	E0483	E0486	E0620	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>	orthotics and prosthetics	E0636	E0637	E0652	E0656
		E0669	E0670	E0675	E0693
		E0694	E0700	E0710	E0745
		E0762	E0764	E0766	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030
		E1035	E1036	E1130	E1161
		E1229	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1239	E1825	E2100
		E2227	E2228	E2230	E2300
		E2301	E2310	E2311	E2312
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2609
		E2617	E2626	E2627	E2628
		E2629	E2630	E8000	E8001
		E8002	K0005	K0008	K0013
		K0108	K0812	K0830	K0831
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
K0890	K0891	S1040	T1999		
T5999	V2786	V5269	V5270		
V5271	V5272	V5274	V5281		
V5282	V5283	V5286	V5287		
V5288	V5290				
<b>Enteral services</b>	Prior authorization required	B9002	B9998		
<b>Experimental and investigational and/or linked services</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S2102
		S9988	S9990	S9991	
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Gender dysphoria treatment</b>	Prior authorization required	14000	14001	14040	14302
		15734	15738	15750	15757
		15758	19303	53410	53430
		54125	54520	54660	54690
		55175	55180	55970	55980
		56625	56800	56805	57110
		57335	58661	58720	58940
		64856	64892	64896	
<b>Genetic and molecular testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting Health care professionals 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.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	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
		81201	81203	81204	81208
		81218	81220	81222	81223
		81224	81226	81228	81229
		81230	81231	81232	81233
		81234	81236	81237	81238
		81239	81240	81241	81243
		81244	81245	81246	81247
		81248	81249	81252	81253
		81256	81257	81258	81259
		81261	81262	81263	81264
		81265	81266	81267	81268
		81269	81271	81272	81273
		81274	81276	81277	81278
		81279	81283	81284	81285
		81286	81287	81288	81289
		81292	81294	81295	81297
		81300	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	81350		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Genetic and molecular testing (cont.)</b>		81351	81352	81353	81357
		81360	81361	81362	81363
		81364	81370	81371	81372
		81373	81375	81376	81377
		81378	81379	81380	81381
		81382	81383	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81415	81416
		81417	81419	81420	81430
		81431	81435	81436	81445
		81448	81460	81465	81470
		81471	81479	81507	81518
		81519	81520	81521	81522
		81546	81554	81599	87505
		87506	87507	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		
<b>Home health care</b>	Prior authorization required	G0299 G0495	G0300 G0496	G0493 S9474	G0494
<b>Hysterectomy</b>	Prior authorization required	58150 58263 58290 58542 58552 58571	58152 58267 58291 58543 58553 58572	58180 58270 58292 58544 58554 58573	58260 58275 58541 58550 58570
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b> J3262 <b>Acthar®</b> J0800 <b>Adakveo®</b> J0791 <b>Aduhelm®</b> J0172 <b>Aldurazyme</b>			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	J1931				
	<b>Amvuttra™</b>				
	J0225				
	<b>Apretude™</b>				
	J0739				
	<b>Aralast NP, Prolastin-C, Zemaira</b>				
	J0256				
	<b>Asceniv</b>				
	J1554				
	<b>Avsola™</b>				
	Q5121				
	<b>Benlysta</b>				
	J0490				
	<b>Berinert</b>				
	J0597				
	<b>Botulinum Toxins</b>				
	J0585	J0586	J0587	J0588	
	<b>Brineura™</b>				
	J0567				
	<b>Cabenuva™</b>				
	J0741				
	<b>Cerezyme®</b>				
	J1786				
	<b>Cimzia®*</b>				
	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Cinryze®</b>				
	J0598				
	<b>Crysvita®</b>				
	J0584				
	<b>Cutaquig®</b>				
	J1551				
	<b>Elaprase®</b>				
	J1743				
	<b>Elelyso®</b>				
	J3060				
	<b>Enjaymo®</b>				
J1302					
<b>Entyvio®</b>					
J3380					
<b>Erythropoiesis-Stimulating Agents</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
<b>Injectable medications (cont.)</b>	J0885			
	<b>Evenity</b>			
	J3111			
	<b>Exondys-51</b>			
	J1428			
	<b>Fabrazyme®</b>			
	J0180			
	<b>Fasenra®</b>			
	J0517			
	<b>Fensolvi®</b>			
	J1951			
	<b>Feraheme®</b>			
	Q0138			
	<b>Firmagon®</b>			
	J9155			
	<b>Fynetra®</b>			
	Q5130			
	<b>Gamifant®</b>			
	J9210			
	<b>Givlaari®</b>			
	J0223			
	<b>Glassia®</b>			
	J0257			
	<b>Hemgenix®</b>			
	J1411			
	<b>Ilaris®</b>			
	J0638			
	<b>Ilumya®</b>			
	J3245			
	<b>Inflectra®</b>			
Q5103				
<b>Injectafer®</b>				
J1439				
<b>IVIG</b>				
90283	90284	J1459	J1555	
J1556	J1557	J1559	J1561	
J1566	J1568	J1569	J1572	
J1575	J1576	J1599		
<b>Kalbitor®</b>				
J1290				
<b>Kanuma®</b>				
J2840				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>	<b>Korsuva®</b>	
	J0879	
	<b>Krystexxa®</b>	
	J2507	
	<b>Lanreotide™</b>	
	J1932	
	<b>Lemtrada®</b>	
	J0202	
	<b>Leqembi®</b>	
	J0174	
	<b>Leqvio®</b>	
	J1306	
	<b>Lumizyme®</b>	
	J0221	
	<b>Lupron Depot®</b>	
	J1950	
	<b>Lupron Depot, Eligard®</b>	
	J9217	
	<b>Luxturna™</b>	
	J3398	
	<b>Makena®/17P</b>	
	J1729	J2675
	<b>Mepsevii®</b>	
	J3397	
	<b>Monoferric®</b>	
J1437		
<b>Naglazyme®</b>		
J1458		
<b>Nexviazyme®</b>		
J0219		
<b>Nplate®</b>		
J2796		
<b>Nucala®</b>		
J2182		
<b>Ocrevus™</b>		
J2350		
<b>Onpatro®</b>		
J0222		
<b>Orencia®</b>		
J0129		
<b>Oxlumo™</b>		
J0224		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
<b>Injectable medications (cont.)</b>	<b>Parsabiv™</b>		
	J0606		
	<b>Probuphine</b>		
	J0570		
	<b>Prolia®</b>		
	J0897		
	<b>Radicava®</b>		
	J1301		
	<b>Radiopharmaceuticals</b>		
	A9513	A9606	A9699
	<b>Reblozyl®</b>		
	J0896		
	<b>Releuko®</b>		
	Q5125		
	<b>Remicade®</b>		
	J1745		
	<b>Renflexis®</b>		
	Q5104		
	<b>Riabni™</b>		
	Q5123		
	<b>Rituxan®</b>		
	J9312		
	<b>Rituxan Hycela®</b>		
	J9311		
	<b>Rolvedon®</b>		
	J1449		
	<b>Ruconest®</b>		
	J0596		
	<b>Ruxience®</b>		
	Q5119		
<b>Ryplazim™</b>			
J2998			
<b>Sandostatin®</b>			
J2354			
<b>Sandostatin® LAR</b>			
J2353			
<b>Saphnelo®</b>			
J0491			
<b>Scenesse®</b>			
J7352			
<b>Signifor® LAR</b>			
J2502			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
<b>Injectable medications (cont.)</b>	<b>Simponi Aria®</b>			
	J1602			
	<b>Skyrizi®</b>			
	J2327			
	<b>Sodium Hyaluronate</b>			
	J7320	J7321	J7322	J7324
	J7325	J7326	J7327	J7329
	J7331	J7332		
	<b>Soliris®</b>			
	J1300			
	<b>Somatuline® Depot</b>			
	J1930			
	<b>Spevigo®</b>			
	J1747			
	<b>Spinraza®</b>			
	J2326			
	<b>Spravato®</b>			
	S0013			
	<b>Stelara®</b>			
	J3358			
	<b>Stimufend®</b>			
	Q5127			
	<b>Sublocade®</b>			
	Q9991	Q9992		
	<b>Sunlenca®</b>			
	J1961			
	<b>Supprelin® LA</b>			
	J9226			
<b>Synagis®**</b>				
90378				
<b>Tepezza®</b>				
J3241				
<b>Therapeutic Radiopharmaceuticals</b>				
A9607				
<b>Trelstar®</b>				
J3315				
<b>Triptodur®</b>				
J3316				
<b>Trogarzo®</b>				
J1746				
<b>Truxima®</b>				
Q5115				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)	<b>Tzield®</b>				
	J9381				
	<b>Ultomiris®</b>				
	J1303				
	<b>Unclassified Codes*</b>				
	C9090	C9149	C9151	J3490	
	J3590				
	<b>Uplizna™</b>				
	J1823				
	<b>VEGF</b>				
	J0178	J0179	J2777	J2778	
	J2779	Q5124	Q5128		
	<b>Viltepso®</b>				
	J1427				
	<b>Vimizim®</b>				
	J1322				
	<b>Vyepti®</b>				
	J3032				
	<b>Vyondys 53®</b>				
	J1429				
	<b>Vyvgart™</b>				
	J9332				
	<b>White Blood Cell Colony Stimulating Factors</b>				
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
	Q5122				
	<b>Xenpozyme®</b>				
J0218					
<b>Xolair®*</b>					
J2357					
<b>Zoladex®</b>					
J9202					
<b>Zolgensma®</b>					
J3399					

Please check our [Radiology Prior Authorization and Notification Program](#).

\*For unclassified and temporary codes C9077, C9090, C9149, C9151, J3490 and J3590, prior authorization is only required for Amondys 45, Evkeeza, Nulibry, Revcovi, Syfovre, Vabysmo

\*\* Please obtain prior notification for Cimzia, Synagis and Xolair through OptumRx prior notifications services at **800-310-6826**.

\*\*\* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) and click Sign In in the

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
top-right corner. Then, select Prior Authorization and Notification on your dashboard. Or you can call 888-397-8129.					
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2122	
<b>Musculoskeletal</b>	Prior authorization required	23470	23472	23473	23474
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
		<b>Orthopedic surgeries</b>	Prior authorization required	24365	25441
25446	25449			27700	29834
29837	29838			29840	29844
29845	29846			29847	29891
29892	29894			29895	29897
29898	29899				
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1830	L1831
		L1832	L1834	L1836	L1840
		L1844	L1845	L1846	L1847
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
L2038	L2060	L2106	L2108		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
<b>Orthotics and prosthetics (cont.)</b>	L2126	L2128	L2136	L2350
	L2510	L2526	L2627	L2628
	L3230	L3265	L3649	L3671
	L3674	L3720	L3730	L3740
	L3763	L3764	L3900	L3901
	L3904	L3905	L3961	L3971
	L3975	L3976	L3977	L3999
	L4000	L4010	L4020	L5010
	L5020	L5050	L5060	L5100
	L5105	L5150	L5160	L5200
	L5210	L5220	L5230	L5250
	L5270	L5280	L5301	L5312
	L5321	L5331	L5341	L5400
	L5420	L5460	L5500	L5505
	L5510	L5520	L5530	L5535
	L5540	L5560	L5570	L5580
	L5585	L5590	L5595	L5600
	L5610	L5613	L5614	L5616
	L5639	L5640	L5642	L5643
	L5644	L5646	L5647	L5648
	L5649	L5653	L5661	L5673
	L5682	L5683	L5700	L5702
	L5703	L5705	L5706	L5716
	L5718	L5722	L5724	L5726
	L5728	L5780	L5782	L5790
	L5795	L5811	L5812	L5814
	L5816	L5818	L5822	L5824
	L5826	L5828	L5830	L5845
	L5848	L5857	L5858	L5930
	L5950	L5960	L5961	L5962
	L5964	L5966	L5968	L5973
	L5976	L5979	L5980	L5981
	L5982	L5984	L5986	L5987
	L5988	L5990	L5999	L6000
	L6010	L6020	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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		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>Pain management</b>	Prior authorization required	62350 62362	62351	62360	62361
<b>Prostate procedures</b>	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
<b>Radiation therapy</b>	Prior authorization required	77520	77522	77523	77525
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> </ul> <p>Nuclear medicine and nuclear cardiology procedures</p>	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your portal dashboard, Or you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="#">Radiology Prior Authorization and Notification Program</a>.</p>			
<b>Rhinoplasty</b>	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Shoulder surgery</b>	Prior authorization required	29805 29820 29825	29806 29822 29826	29807 29823 29827	29819 29824 29828
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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pharyngeal tissue reduction for treatment of obstructive sleep apnea

<b>Spinal surgery</b>	Prior authorization required	20930	20931	20939	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22510	22511	22512	22513
		22515	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
		22854	22855	22856	22858
		22861	22864	22865	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0095T	0098T	0164T

<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8683	L8685	L8686
		L8687	L8688		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants</b>	Prior authorization required	For transplant and CAR-T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi®, (Lisocabtagene Maralucecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	0537T	0538T
		0539T	0540T	S2060	S2061
		S2152			
		CAR T-cell therapy			
		J3490	J9999	Q2041	Q2042
		Q2053	Q2055	Q2056	
		Gene therapy			
		C9399	J3490	J3590	
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780	37799	
<b>Ventricular assist devices (VAD)</b>	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 855-282-8929.			
A mechanical pump that		33927	33928	33929	33975
<b>Ventricular assist devices (VAD) (cont.)</b>		33976	33979	33981	33982
takes over the function of the damaged heart ventricle and restores normal blood flow		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization required	E2402			