

# Prior authorization requirements for Nebraska Medicaid

Effective Feb. 1, 2025

## General Information

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

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

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To get started, go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner to log in with your One Healthcare ID. Then, select the Prior Authorization and Notification tab on your dashboard. 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>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. <ul style="list-style-type: none"> <li>• For ABA Therapy, submit via fax or Provider Express</li> </ul>			
<b>Abortion</b>	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975			
<b>BRCA genetic testing</b>	Prior authorization required	81162	81163	81164	81432
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cancer supportive services</b>	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology DX. See <a href="#">Injectable medications</a> section below.</p>	<p><b>Injectable colony-stimulating factor drugs that require prior authorization:</b></p> <p><b>Eflapegrastim-xnst (Rolvedon®)</b>  <b>J1449</b></p> <p><b>Filgrastim (Neupogen®)</b>  J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b>  Q5110*</p> <p><b>Filgrastim-ayow, (Releuko®)</b>  Q5125*</p> <p><b>Filgrastim-sndz (Zarxio®)</b>  Q5101*</p> <p><b>Fosaprepitant (Ivemend®)</b>  J1456</p> <p><b>Pegfilgrastim (Neulasta®)</b>  J2506*</p> <p><b>Pegfilgrastim-apgf (Nyvepria™)</b>  Q5122*</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>Sargramostim (Leukine®)</b>  J2820</p> <p><b>Tbo-filgrastim (Granix®)</b>  J1447*</p> <p><b>Trilaciclib (Cosela™)</b>  J1448</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b></p> <p><b>Denosumab (Xgeva®)</b>  J0897</p> <p><b><u>Erythropoiesis-Stimulating Agents</u></b>  J0885</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tile on UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b></p>			
<b>Cardiovascular</b>	Prior authorization required	37220* 37226*	37221* 37227*	37224* 37228*	37225* 37229*

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
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Cardiovascular (cont.)		37230*	37231*	93580**
		*Prior authorization not required for the following diagnosis codes:		
		E08.52	E09.52	E10.52
		E13.52	170.221	170.222
		170.228	170.229	170.231
		170.233	170.234	170.235
		170.239	170.241	170.242
		170.244	170.245	170.248
		170.25	170.261	170.262
		170.268	170.269	170.321
		170.323	170.329	170.331
		170.333	170.334	170.335
		170.339	170.341	170.342
		170.344	170.345	170.348
		170.35	170.361	170.362
		170.369	170.421	170.422
		170.428	170.429	170.431
		170.433	170.434	170.435
		170.439	170.441	170.442
		170.444	170.445	170.448
		170.461	170.462	170.463
		170.469	170.521	170.522
		170.528	170.529	170.531
		170.533	170.534	170.535
		170.539	170.541	170.542
		170.544	170.545	170.548
		170.561	170.562	170.563
		170.569	170.621	170.622
		170.628	170.629	170.631
		170.633	170.634	170.635
		170.639	170.641	170.642
		170.644	170.645	170.648
		170.661	170.662	170.663
		170.669	170.721	170.722
		170.728	170.729	170.731
		170.733	170.734	170.735
		170.739	170.741	170.742
		170.744	170.745	170.748
		170.761	170.762	170.763
		170.769	172.3	172.4
		172.9	177.2	177.70
		177.77	177.79	174.3
		174.5	174.8	174.9
		175.022	175.023	175.029
		T82.818A	T82.868A	S81.801A
		S81.809A	S91.301A	S91.302A
				S91.309A

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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<b>Cardiovascular (cont.)</b>		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			

\*\* Applies to enrollees 18yrs and older

<b>Cerebral seizure monitoring – inpatient video EEG</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospitals or ambulatory surgical centers	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	<b>Injectable chemotherapy drugs that require prior authorization:</b>
		<ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952)</li> <li>Chemotherapy injectable drugs that have a Q code</li> <li>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul>
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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call **888-397-8129**

<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614		
		L8619	L8690	L8691	L8692		
<b>Continuous glucose monitoring</b>	Prior authorization required	A4238	A4239	A9274	E0787		
		E2102	E2103				
<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	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	67900		
		67901	67902	67903	67904		
		67906	67908	67909	67911		
		67912	67914	67915	67916		
		67917	67921	67922	67923		
		67924	67950	67961	67966		
		Q2026					
		<b>*Prior authorization not required when billed with the following diagnosis codes</b>					
			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			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
<b>Cosmetic and reconstructive (cont.)</b>		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 \$750	A9900	E0194	E0265	E0266
			E0300	E0328	E0329	E0445
			E0457	E0465	E0466	E0470
			E0471	E0483	E0486	E0636
E0637			E0652	E0656	E0669	
E0670			E0675	E0693	E0694	
E0745			E0766	E0784	E1003	
E0984			E0986	E1002	E1007	
E1004			E1005	E1006	E1030	
E1008			E1009	E1010	E1231	
E1035			E1161	E1229	E1235	
E1232			E1233	E1234	E1239	
E1236			E1237	E1238	E2228	
E1825			E2100	E2227	E2322	
E2230			E2310	E2311	E2331	
		Prosthetics are not DME – see Orthotics and prosthetics.				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		E2325	E2327	E2329	E2511
		E2351	E2373	E2510	E8001
		E2512	E2599	E8000	K0013
		E8002	K0005	K0008	K0822
		K0108	K0812	K0821	K0826
		K0823	K0824	K0825	K0830
		K0827	K0828	K0829	K0850
		K0831	K0848	K0849	K0854
		K0851	K0852	K0853	K0858
		K0855	K0856	K0857	K0862
		K0859	K0860	K0861	K0869
		K0863	K0864	K0868	K0878
		K0870	K0871	K0877	K0885
		K0879	K0880	K0884	
	K0886	K0890	K0891		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4155	B9002	B9998	
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65767
		66180	A4226	A4638	E1831
		S0810	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	
<b>Genetic Testing</b>	Prior authorization required	81228	81229	81277	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
		81414	81415	81416	81417
		81420	81435	81443	81437
		81439	81440	81465	81445
		81448	81460	81518	81471
		81479	81507	81523	81519
		81521	81522	87505	81546
		81595	81599	0023U	87506
		87507	0018U	0088U	0026U
		0055U	0087U	0170U	0111U
		0129U	0154U	0179U	0172U
		0173U	0175U	0216U	0209U
		0214U	0215U	0238U	0217U
0218U	0237U	0258U	0245U		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Genetic Testing (cont.)</b>		0252U	0253U	0269U	0260U
		0262U	0268U	0273U	0270U
		0271U	0272U	0278U	0274U
		0276U	0277U	0288U	0282U
		0285U	0286U	0307U	0289U
		0294U	0306U	0339U	0319U
		0320U	0327U	S3870	0340U
		0345U	0355U		
<b>Home health services</b>	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
		S9976			
<b>Hospice</b>	Prior authorization required	T2042	T2043	T2044	T2045
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58260	58262
		58263	58267	58270	58275
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
<b>Injectable medications</b>	Prior authorization required*	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0801			
		<b>Adakveo®</b>			
		J0791			
		<b>Aduhelm</b>			
		J0172			
		<b>Adzynma</b>			
		J7171			
		<b>Aldurazyme®</b>			
		J1931			
		<b>Amondys 45</b>			
		J1426			
		<b>Amvuttra™</b>			
		J0225			
		<b>Aralast® NP</b>			
		J0256			
		<b>Avsola™</b>			
		Q5121			
<b>Benlysta</b>					
J0490					
<b>Beovu</b>					



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	J0179				
	<b>Beqvez™</b>				
	J1414				
	<b>Beriner®</b>				
	J0597				
	<b>Botulinum toxins</b>				
	J0585	J0586	J0587	J0588	
	<b>Brineura™</b>				
	J0567				
	<b>Briumvi®</b>				
	J2329				
	<b>Byooviz™</b>				
	Q5124				
	<b>Cerezyme®</b>				
	J1786				
	<b>Cimerli®</b>				
	Q5128				
	<b>Cimzia®</b>				
	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Cinryze®</b>				
	J0598				
	<b>Cortrophin™ Gel</b>				
	J0802				
	<b>Cosentyx IV</b>				
	J3247				
	<b>Cryvista®</b>				
	J0584				
	<b>Cutaquig®</b>				
	J1551				
	<b>Daxxify</b>				
J0589					
<b>Elaprase®</b>					
J1743					
<b>Elelyso®</b>					
J3060					
<b>Elevidys®</b>					
J1413					
<b>Elfabrio®</b>					
J2508					
<b>Enjaymo</b>					
J1302					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	<b>Entyvio®</b>				
	J3380				
	<b>Evenity™</b>				
	J3111				
	<b>Evkeeza™</b>				
	J1305				
	<b>Exondys 51™</b>				
	J1428				
	<b>Eylea</b>				
	J0178				
	<b>Eylea HD</b>				
	J0177				
	<b>Fabrazyme®</b>				
	J0180				
	<b>Fasenra™</b>				
	J0517				
	<b>Feraheme®</b>				
	Q0138				
	<b>Fensolvi®</b>				
	J1951				
	<b>Firmagon®</b>				
	J9155				
	<b>Fylnetra®</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>					
90284	J1459	J1554	J1555		
J1556	J1557	J1559	J1561		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	J1566	J1568	J1569	J1572	
	J1575	J1599			
	<b>Izervay</b>				
	J2782				
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Kisunla</b>				
	J0175				
	<b>Korsuva</b>				
	J0879				
	<b>Krystexxa®</b>				
	J2507				
	<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®</b>				
	J1950				
<b>Lupron Depot, Eligard®</b>					
J9217					
<b>Luxturna™</b>					
J3398					
<b>Mepsevii®</b>					
J3397					
<b>Monoferric®</b>					
J1437					
<b>Naglazyme®</b>					
J1458					
<b>Nexviazyme®,</b>					
J0219					
<b>Nplate®</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J2802
	<b>Nucala®</b>	
		J2182
	<b>Ocrevus™</b>	
		J2350
	<b>Octreotide Acetate</b>	
		J2354
	<b>OmvoH IV</b>	
		J2267
	<b>Onpattro™</b>	
		J0222
	<b>Orencia®</b>	
		J0129
	<b>Oxlumo™</b>	
		J0224
	<b>Panzyga®</b>	
		J1576
	<b>Parsabiv™</b>	
		J0606
	<b>Pombiliti</b>	
		J1203
	<b>Prolastin-C®</b>	
		J0256
	<b>Prolia®****</b>	
		J0897
	<b>Qalsody®</b>	
		J1304
	<b>Radicava®</b>	
		J1301
	<b>Reblozyl®</b>	
		J0896
	<b>Releuko®</b>	
	Q5125	
<b>Remicade®</b>		
	J1745	
<b>Renflexis®</b>		
	Q5104	
<b>Revcovi®</b>		
	J3590	
<b>Riabni™</b>		
	Q5123	
<b>Rituxan®</b>		
	J9312	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Roctavian</b>				
	J1412				
	<b>Rolvedon™</b>				
	J1449				
	<b>Ruconest®</b>				
	J0596				
	<b>Ruxience®</b>				
	Q5119				
	<b>Ryplazim®</b>				
	J2998				
	<b>Rystiggo</b>				
	J9333				
	<b>Sandostatin® LAR</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>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329		
J7331	J7332				
<b>Soliris®</b>					
J1300					
<b>Somatuline® Depot</b>					
J1930					
<b>Spinraza™</b>					
J2326					
<b>Spevigo®</b>					
J1747					
<b>Stelara®</b>					
J3358					
<b>Stimufend®</b>					
Q5127					
<b>Supprelin® LA</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization		
Injectable medications (cont.)	J9226			
	<b>Susvimo™</b>			
	J2779			
	<b>Syfovre™</b>			
	J2781			
	<b>Synagis®</b>			
	90378			
	<b>Tepezza®</b>			
	J3241			
	<b>Tezspire</b>			
	J2356			
	<b>Therapeutic Radiopharmaceuticals</b>			
	A9513	A9590	A9606	A9607***
	A9699			
	<b>Tofidence</b>			
	Q5133			
	<b>Trelstar®</b>			
	J3315			
	<b>Tremfya IV</b>			
	J1628			
	<b>Triptodur®</b>			
	J3316			
	<b>Truxima®</b>			
	Q5115			
	<b>Tyenne</b>			
	Q5135			
	<b>Tzield®</b>			
	J9381			
	<b>Unclassified and temporary codes**</b>			
	C9399	J3490	J3590	
	<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>				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)	J3032				
	<b>Vyjuvek™</b>				
	J3401				
	<b>Vyondys 53®</b>				
	J1429				
	<b>Vyvgart</b>				
	J9332				
	<b>Vyvgart Hytrulo</b>				
	J9334				
	<b>White blood cell colony stimulating factors</b>				
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
	Q5122				
	<b>Xembify®</b>				
	J1558				
	<b>Xenpozyme™</b>				
	J0218				
	<b>Xolair®</b>				
	J2357				
	<b>Zoladex®</b>				
	J9202				
	<b>Zemaira®</b>				
	J0256				
	<b>Zolgensma®</b>				
	J3399				
	<b>Zynteglo</b>				
J3393					

\*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.

\*\* For Unclassified and temporary codes C9172, C9399, J3490 and J3590, prior authorization is only required for Eylea HD, Nulibry™ and Rivfloza

\*\*\*Prior authorization is required for A9607

\*\*\*\*For code J0897 prior authorization required for non-oncology diagnosis

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		available at <a href="http://UHCprovider.com">UHCprovider.com</a> > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27130 27138 27486 29868	23472 24361 24371 27132 27412 27487 J7330	23473 24362 27120 27134 27446 29866 S2112	23474 24363 27125 27137 27447 29867
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$750	L0112 L0480 L0629 L0638 L0810 L1000 L1310 L1700 L1755 L1844 L2000 L2030 L2038 L2350 L3265 L3730 L3904 L3975 L4000 L5020 L5105	L0456 L0482 L0631 L0640 L0820 L1005 L1499 L1710 L1820 L1846 L2005 L2034 L2108 L2627 L3649 L3740 L3905 L3976 L4020 L5050 L5150	L0462 L0484 L0636 L0700 L0830 L1200 L1680 L1720 L1832 L1860 L2010 L2036 L2126 L2628 L3671 L3900 L3961 L3977 L4631 L5060 L5160	L0464 L0486 L0637 L0710 L0859 L1300 L1685 L1730 L1840 L1945 L2020 L2037 L2136 L3230 L3674 L3901 L3971 L3999 L5010 L5100 L5200



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5643
		L5647	L5649	L5651	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5795	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5848	L5930
		L5950	L5960	L5961	L5964
		L5966	L5968	L5979	L5980
		L5981	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	L6624	L6693	L6696
		L6697	L6707	L6708	L6709
		L6712	L6713	L6714	L6881
		L6900	L6905	L6910	L6915
	L8040	L8042	L8043	L8044	
	L8045	L8046	L8047	L8499	
<b>Outpatient therapy</b>	Prior authorization required	92507	92508	92526	92607
		92608	92609	92700	97012
		97014	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97139	97140
		97150	97530	97750	97755
		97761	97799		
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	T1022
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Prostate procedures (cont.)</b>		53852	55873	55874	
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31298			
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	95782
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		95783	95805	95807	95808
		95810	95811		
<b>Specialized pediatric facility-based care</b>	Prior authorization required	T1024			
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	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	22855	22856
		22861	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	93850

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
		<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including <b>Abecma</b> ® (Idecaptagene Cicleucel), <b>Breyanzi</b> ® (Lisocabtagene), <b>Kymriah</b> ™ (tisagenlecleucel) <b>Kymriah</b> ™ (tisagenlecleucel), <b>Tecartus</b> ™ (brexucabtagene autoleucel) and <b>Yescarta</b> ™ (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			S2152	
<b>CAR T-Cell therapy</b>					
J9999**	Q2041			Q2042	Q2053
Q2054	Q2055			Q2056	
<b>Gene Therapy</b>					
C9399***	J3490***			J3590***	J3392
J3394					
*Code 38232 will only require prior authorization for an oncology diagnosis					
*** For unclassified codes C9399, J3490 and J3590 Amtagvi, Lantidra, Skysona™, Tecelra and Zynteglo™ will require prior authorization through Optum Transplant.					
<b>Vein procedures</b> Removal and ablation of the main trunks and named	Prior authorization required	36473	36475	36478	37700
		37718	37722	37765	37766

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37780			
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b> .			
		33975	33976	33979	33981
		33982	33983		
<b>Wound vac</b>	Prior authorization required	E2402			