

Prior authorization requirements for UnitedHealthcare Community Plan of New Mexico

Effective June. 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of New Mexico Turquoise Care program health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call **888-702-2202**
- **Fax:** 866-968-7582. The fax form is available at [Prior Authorization Forms](#).

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Abortion	Prior authorization is required.	59840	59841	59850	59851
		59852	59855	59856	59857
Augmentative and alternative communication	Prior authorization is required.	92607	92608	92609	A9901
		E2500	E2502	E2504	E2506
		E2508	E2510	E2511	E2512
		E2599	V5336		
Bariatric surgery	Prior authorization is required.	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Behavioral health	Prior authorization is required. Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program.	For a full list of behavioral health prior authorization requirements, please visit Behavioral Health Prior Authorization Code List by State .			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required.	20975	20979	E0760	
Breast cancer (BRCA) genetic testing	Prior authorization is required.	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432		
Breast reconstruction	Prior authorization is required.	19316	19318	19325	19328
		19330	19340	19342	19350

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
(non-mastectomy) (cont.)		19357	19361	19364	19367
		19368	19369	19370	19371
Reconstruction of the breast other than following mastectomy		19380	19396	L8600	
	Prior Auth NOT required for diagnosis codes listed below:				
		C50.011	C50.012	C50.019	C50.021
		C50.022	C50.029	C50.111	C50.112
		C50.119	C50.121	C50.122	C50.129
		C50.211	C50.212	D05.219	D05.221
		D05.222	C50.229	C50.311	C50.312
		C50.319	C50.321	C50.322	C50.329
		C50.411	C50.412	C50.419	C50.421
		C50.422	C50.429	C50.511	C50.512
		C50.519	C50.521	C50.522	C50.529
		C50.611	C50.612	C50.619	C50.621
		C50.622	C50.629	C50.811	C50.812
		C50.819	C50.821	C50.822	C50.829
		C50.911	C50.912	C50.919	C50.921
		C50.922	C50.929	C79.81	D05.00
		D05.01	D05.02	D05.10	D05.11
		D05.12	D05.80	D05.81	D05.82
		D05.90	D05.91	D05.92	Z42.1
		Z85.3	Z90.10	Z90.11	Z90.12
		Z90.13			
Cancer supportive care	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u>			
		Filgrastim (Neupogen)			
		J1442			
		Filgrastim-aafi (Nivestym)			
		Q5110			
		Filgrastim-ayow, biosimilar (Releuko)			
		Q5125			
		Filgrastim-sndz (Zarxio)			
		Q5101			
		Pegfilgrastim (Neulasta)			
		J2506			
		Pegfilgrastim-appgf, biosimilar (Nyvepria)			
		Q5122			
		Pegfilgrastim-bmez (Ziextenzo)			
		Q5120			
		Pegfilgrastim-cbqv (Udenyca)			
		Q5111			
		Pegfilgrastim-jmdb (Fulphila)			
		Q5108			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cancer supportive Care (cont.)		Sargramostim (Leukine) J2820 Tbo-filgrastim (Granix) J1447 Trilaciclib (Cosela) J1448 Bone-modifying agent that requires prior authorization: Denosumab (Xgeva) J0897 Antiemetic drugs J1456 J0185 J1453 J1454 J1627 J2469 Colony-stimulating factors J1449 Erythropoiesis – Stimulating agents J0885 Please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .			
Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance.	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification Program .			
Cardiovascular	Prior authorization is required.	37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231	93580	
		No prior authorization 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

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		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			
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
Chemotherapy	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization: - Chemotherapy injectable drugs (J9000–J9999), leucovorin (J0640), levoleucovorin (J0641, J0642), Lupron Depot (J1950) - Chemotherapy injectable drugs that have a Q code - Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code Please submit prior authorization requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .			
Circumcision	Prior authorization is required.	54161	54162		
Continuous glucose monitor	Prior authorization is required.	A4226 A9278	A4239 E2102	A9276 E2103	A9277
Cosmetic and reconstructive	Prior authorization is required.	11960	14020*	14021*	14041
		14061*	15823	15830	15847
Change or improves physical appearance		17106	17107	17108	17999
without significantly improving or restoring physiological function		21137	21138	21139	21172
		21175	21179	21180	21181
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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
		11971			
		* Prior authorization not required when billed with the following Dx codes below:			
		C43.0	C43.10	C43.111	C43.112

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	

Dental services

For prior authorization requirements, please call UnitedHealthcare dental at **855-812-9208**.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME)	Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	E0787	E0194	E0265	E0266
		E0270	E0300	E0445	E0457
		E0465	E0466	E0483	E0486
		E0620	E0636	E0638	E0641
		E0642	E0656	E0669	E0670
		E0675	E0693	E0694	E0700
		E0710	E0745	E0766	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030
		E1035	E1036	E1161	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1825	E2100	E2227
		E2228	E2230	E2298	E2301
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0800
		K0801	K0802	K0806	K0807
		K0808	K0812	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	K0830
		K0831	K0836	K0837	K0838
		K0839	K0840	K0841	K0842
		K0843	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040
		E0250	E0251	E0255	E0256
		E0260	E0261	E0280	E0290
		E0291	E0292	E0293	E0294
		E0295	E0301	E0303	E0315
		E0316	E0462		
Enteral services	Prior authorization is required.	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational	Prior authorization is required.	G0276	G0293	S9996	33289
		33477	36514	64722	66180

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
services (cont.)		A4638	A9274	C2624	E1831
		S9988	S9990	S9991	S9992
		S9994	G2000		
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required.	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization is required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic testing testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting. 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.	81162	81163	81164	81228
		81229	81277	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
		81414	81415	81416	81417
		88269	88283	81425	81426
		81427	81431	81432	88291
		81435	88299	81437	0321U
		81439	81440	81441	81443
		81445	81448	81449	81450
		81451	81455	81457	81458
		81459	81460	81462	81463
		81464	81465	81471	81479
		88285	81518	81519	81520
		81521	81522	81523	81541
		81542	81546	81552	81595
		81599	87505	87506	0018U
		0022U	0023U	0026U	88271
		0037U	0047U	0048U	0050U
		0055U	0087U	0088U	0094U
		0101U	0102U	0103U	0111U
		0118U	0129U	0154U	0170U
		0171U	88272	88273	0179U
		0209U	0211U	0212U	0213U
		0214U	0215U	0216U	0217U
		0218U	0233U	0237U	0238U
		0239U	0242U	0244U	0245U
		0250U	0258U	0264U	0265U
		0268U	0269U	0270U	0271U
		0272U	0273U	0274U	0276U
		0277U	0278U	0282U	0285U
		0288U	0289U	0294U	0306U
		0307U	0318U	0319U	0320U
		0326U	88289	0334U	88274
		0355U	0364U	0378U	0379U
		0387U	0388U	0389U	0391U

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic testing testing to include BRCA gene testing (cont.)		0395U	0398U	0409U	88275
		0417U	88280	88267	0425U
		0426U	0444U	88264	S3870
		81313	81327	81490	81265
		81302	81321	81323	81325
		86353	88245	88248	88249
		88261	88262	88263	
Hearing services Hearing evaluations and hearing aids	Prior authorization is required.	92590	92591	92592	92593
		92594	92595	V5010	V5011
		V5014	V5030	V5040	V5050
		V5060	V5095	V5100	V5120
		V5190	V5230	V5242	V5243
		V5244	V5245	V5246	V5247
		V5248	V5249	V5250	V5251
		V5252	V5253	V5254	V5255
		V5256	V5257	V5258	V5259
		V5260	V5261	V5262	V5263
		V5267	V5298		
Home health care services	Prior authorization is required.	G0151	G0152	G0153	G0155
		G0156	G0157	G0158	G0299
		G0300	S9123	S9124	S9128
		S9129	S9131		
Hysterectomy	Prior authorization is required.	58150	58152	58180	58200
		58210	58240	58260	58262
		58263	58267	58270	58275
		58280	58285	58290	58291
		58292	58294	58541	58542
		58543	58544	58548	58550
		58552	58553	58554	58570
		58571	58572	58573	58951
		58953	58954	58956	59525
Injectable medications	Prior authorization is required.	Actemra			
		J3262			
	For questions about this online authorization process, please call the Optum® Specialty Guidance Program (SGP) at 877-881-7618.	Acthar Gel			
		J0801			
		Adakveo			
		J0791			
		Aduhelm			
		J0172			
		Adzyna			
		J7171			
		Aldurazyme			
		J1931			
		Alyglo			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J1552			
		Amondys 45			
		J1426			
		Amvuttra			
		J0225			
		Aralast NP, Prolastin-C, Zemaira			
		J0256			
		Avsola			
		Q5121			
		Benlysta			
		J0490			
		Beovu			
		J0179			
		Beqvez			
		J1414			
		Berinert			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		J0589			
		Brineura			
		J0567			
		Briumvi			
		J2329			
		Byooviz			
		Q5124			
		Cerezyme			
		J1786			
		Cimerli			
		Q5128			
		Cimzia			
		J0717			
		Cinqair			
		J2786			
		Cinryze			
		J0598			
		Cortrophin gel			
		J0802			
		Cosentyx IV			
		J3247			
		Crysvita			
		J0584			
		Elaprase			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J1743
		Ellelyso
		J3060
		Elevidys
		J1413
		Elfabrio
		J2508
		Enjaymo
		J1302
		Entyvio
		J3380
		Evenity
		J3111
		Evkeeza
		J1305
		Exondys 51
		J1428
		Eylea
		J0178
		Eylea HD
		J0177
		Fabrazyme
		J0180
		Fasenra
		J0517
		Fensolvi
		J1951
		Feraheme
		Q0138
		Firmagon
		J9155
		Gamifant
		J9210
		Givlaari
		J0223
		Glassia
		J0257
		Hemgenix
		J1411
		Ilaris
		J0638
		Ilumya
		J3245

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		Inflectra			
		Q5103			
		Injectafer			
		J1439			
		Intravenous immunoglobulin (IVIG)			
		J1459	J1551	J1554	J1555
		J1556	J1557	J1558	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1576	J1599
		J2782	90283	90284	
		Izervay			
		J2782			
		Kalbitor			
		J1290			
		Kanuma			
		J2840			
		Kisunla			
		J0175			
		Korsuva			
		J0879			
		Krystexxa			
		J2507			
		Lamzedo			
		J0217			
		Lanreotide			
		J1932			
		Lemtrada			
		J0202			
		Leqembi			
		J0174			
		Leqvio			
		J1306			
		Lucentis			
		J2778			
		Lumizyme			
		J0221			
		Lupron Depot			
		J1950			
		Lupron Depot, Eligard			
		J9217			
		Luxturna			
		J3398			
		Mepsevii			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J3397
		Monoferic
		J1437
		Naglazyme
		J1458
		Neulasta
		J2506
		Neupogen
		J1442
		Nexviazyme
		J0219
		Nivestym
		Q5110
		Nplate
		J2802
		Nucala
		J2182
		Ocrevus
		J2350
		Ocrevus Zunovo
		J2351
		Octreotide acetate
		J2354
		OmvoH
		J2267
		Onpattro
		J0222
		Orencia
		J0129
		Otufi IV
		Q9999
		Oxlumo
		J0224
		Parsabiv
		J0606
		Pavblu
		Q5147
		Piasky
		J1307
		Pombiliti
		J1203
		Prolia
		J0897

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Pyzchiva IV
		Q9997
		Qalsody
		J1304
		Radicava
		J1301
		Reblozyl
		J0896
		Remicade
		J1745
		Renflexis
		Q5104
		Riabni
		Q5123
		Rituxan
		J9312
		Rituxan Hycela
		J9311
		Roctavian
		J1412
		Ruconest
		J0596
		Ruxience
		Q5119
		Ryplazim
		J2998
		Rystiggo
		J9333
		Sandostatin LAR
		J2353
		Saphnelo
		J0491
		Scenesse
		J7352
		Selarsdi
		Q9998
		Signifor LAR
		J2502
		Simponi Aria
		J1602
		Skyrizi
		J2327
		Sodium hyaluronate

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
	Soliris				
	J1299				
	Somatuline Depot				
	J1930				
	Spevigo				
	J1747				
	Spinraza				
	J2326				
	Stelara				
	J3358				
	Supprelin LA				
	J9226				
	Susvimo				
	J2779				
	Syfovre				
	J2781				
	Synagis				
	90378				
	Tepezza				
	J3241				
	Tezspire				
	J2356				
	Therapeutic radiopharmaceuticals*				
	A9513	A9606	A9607		A9699
	A9590				
	Tofidence***				
	Q5133				
	Trelstar				
	J3315				
	Tremfya IV				
	J1628				
	Triptodur				
	J3316				
	Truxima				
	Q5115				
	Tyenne***				
	Q5135				
	Tzield				
	J9381				
	Ultomiris				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		J1303			
		Unclassified codes**			
		J3490	J3590	C9399	
		Uplizna			
		J1823			
		Vabysmo			
		J2777			
		Vantas			
		J9225			
		Veopoz			
		J9376			
		Viltepso			
		J1427			
		Vimizim			
		J1322			
		Vyepti			
		J3032			
		Vyjuvek			
		J3401			
		Vyondys 53			
		J1429			
		Vyvgart			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Wezlana IV			
		Q5138			
		White blood cell colony stimulating factors****			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130			
		Xenpozyme			
		J0218			
		Xolair			
		J2357			
		Zoladex			
		J9202			
		Zolgensma			
		J3399			

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 and Drug Administration (FDA). They're also included on our [Review at Launch Medication List](#). Pre-

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		determination is highly recommended for the drugs on this list. *Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign In. Or, you can call 888-397-8129. **For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Nulibry, Revcovi, Rivfloza, Steqeyma IV, and Yesintek IV. ***Effective Oct. 1, 2024: Prior authorization required for Q5133, and Q5135. ****For codes J1442, J1447, J1449, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122, Q5125, Q5127, Q5130. White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology Dx. For oncology Dx, please see Cancer supportive care section above. For non-oncology Dx, submit online at UHCProvider.com using the Prior Authorization and Notification tool on your dashboard. Or, you can connect with us 24/7 using our Contact us page.			
Inpatient admissions and post-acute services	Notification is required for admissions.	Inpatient admissions-post acute services – Prior authorization and notification of admission date required for these facilities: • Acute care hospitals • Acute inpatient rehabilitation • Long-term acute care hospitals • Skilled nursing facilities			
Joint replacement	Prior authorization is required.	24360	24361	24362	24363
Joint, total hip and knee replacement		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			
Non-emergent air ambulance transport	Prior authorization is required.	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization is required.	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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	
Orthotics and prosthetics	Prior authorization is required.	L0462	L0464	L0480	L0482
		L0484	L0486	L0624	L0629
		L0631	L0632	L0634	L0636
		L0637	L0638	L0640	L0700
		L0710	L0810	L0820	L0830
		L0859	L0861	L1000	L1005
		L1200	L1300	L1310	L1499
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1820

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L1830	L1831	L1832	L1834
		L1836	L1840	L1844	L1845
		L1846	L1847	L1850	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		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	L4350	L4392	L4394
		L4631	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	L5651
		L5653	L5661	L5673	L5682
		L5683	L5700	L5702	L5703
		L5705	L5706	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5848	L5857
		L5858	L5930	L5950	L5960
		L5961	L5962	L5964	L5966
		L5968	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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6384	L6400	L6450	L6500
		L6550	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6623	L6624	L6646
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	L6694
		L6695	L6696	L6697	L6704
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	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	L0112
		L0170	L0456		
Out-of-network services	Prior authorization is required for all out-of-network services.				
Outpatient therapy	Prior authorization is required.	92507	92508	92526	92630
		92633	96105	97012	97014
		97016	97018	97022	97026
		97028	97033	97034	97039
		97110	97112	97113	97116
		97124	97140	97535	97799
		G0281	G0283	97530	
Pain injections and management	Prior authorization is required.	64490	64493		
Private duty nursing	Prior authorization is required.	T1002	T1003		
Prostate procedures	Prior authorization is required.	37243	52441	52442	53850
		53852	55873	55874	55866
Proton beam therapy	Prior authorization is required.	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Radiation Oncology	Prior authorization required.	IGRT 77014 G6017	77387	G6001	G6002

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Radiation Oncology (cont.)		IMRT Intensity-Modulated Radiation Therapy 77385 77386 G6015 G6016 Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525 Special/Associated Services 77331 77370 77399 77470 SRS/SBRT 77371 77372 77373 G0339 G0340 Standard Radiation Therapy (2D/3D) Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 - C34.92, C50.011 - C50.929, C61, C79.51 - C79.52, C84.7A, D05.00 - D05.92 77401 77402 77407 77412 G6003 G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012 G6013 G6014 Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445 Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or you can call 866-889-8054 .			
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: - Certain CT, MRI, MRA and PET scans - Nuclear medicine and nuclear cardiology procedures	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. Please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification Program .			
Rhinoplasty and septoplasty	Prior authorization is required.	30400	30410	30420	30430
		30435	30450	30460	30462
Treatment of nasal functional impairment and septal deviation		30465			
Shoulder surgery	Prior authorization is required.	29805	29806	29807	29819
		29820	29824	29825	29826
		29827	29828	23470	23472
		23473	23474		
Sinuplasty	Prior authorization is required.	31295	31296	31297	31298
Sleep apnea procedures and surgeries	Prior authorization is required.	21685	41599	42145	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Sleep apnea procedures and surgeries (cont.)					
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Spinal surgery	Prior authorization is required.	0095T	0098T	0164T	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
		22590	22595	22600	22610
		22612	22630	22633	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22849	22850	22852	22855
		22856	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		
Sterilization	Prior authorization is required.	52601	52630	52647	52648
		52649	55250	55801	55821
		55831	58600	58605	58611
		58615	58670	58671	58700
Stimulators	Prior authorization is required.	Bone growth stimulator			
		E0747	E0748	E0749	
Implantation of a device that sends electrical impulses		Neurostimulator			
		43648	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Stimulators (cont.)		L8680	L8682	L8685	L8686
		L8687	L8688		
Transplant services	Prior authorization is required. Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.	For transplant and CAR T-Cell therapy services including Abecma (idecabtagene vicleucel), Breyanzi (lisocabtagene maralucecl), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Yescarta (axicabtagene ciloleucel), please call the UnitedHealthcare Transplant Case Management Team at 800-418-4994 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	J3392	
		CAR T-Cell therapy:			
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	Q2057
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		Gene Therapy			
		J3393	J3394	J3490**	J3590**
		C9399**	C9301***		
		** For unclassified codes J3490, J3590, and C9399, Amtagvi, Aucatzyl, Casgevy, Lantidra, Lenmeldy, and Skysona will require Prior Authorization through Optum Transplant.			
		***Effective April.1, 2025: Prior authorization required for Aucatzyl, codes J3490, J3590, and C9301.			
Vein procedures	Prior authorization is 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		
Ventricular assist devices (VAD)	Prior authorization is 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.			
		33927	33928	33929	33975

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Ventricular assist devices (VAD) (cont.) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization is required.	E2402			