

# Prior authorization requirements for UnitedHealthcare Community Plan of New Mexico

Effective August 1, 2024

## 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](https://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](https://UHCprovider.com/access).
- **Phone:** Call **888-702-2202**
- **Fax:** 866-968-7582

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Abortion</b>	Prior authorization is required.	59840 59852	59841 59855	59850 59856	59851 59857
<b>Augmentative and alternative communication</b>	Prior authorization is required.	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
<b>Bariatric surgery</b>	Prior authorization is required.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health</b>	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 <a href="#">Behavioral Health Prior Authorization Code List by State</a> .			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization is required.	20975	20979	E0760	
<b>Breast cancer (BRCA) genetic testing</b>	Prior authorization is required.	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Breast reconstruction (cont.)</b>  (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization is required.	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
<b>Cancer supportive care</b>	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis.	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
		<b>Filgrastim (Neupogen)</b>			
		J1442			
		<b>Filgrastim-aafi (Nivestym)</b>			
		Q5110			
		<b>Filgrastim-ayow, biosimilar (Releuko)</b>			
		Q5125			
		<b>Filgrastim-sndz (Zarxio)</b>			
		Q5101			
		<b>Pegfilgrastim (Neulasta)</b>			
		J2506			
		<b>Pegfilgrastim-appf, biosimilar (Nyvepria)</b>			
		Q5122			
		<b>Pegfilgrastim-bmez (Ziextenzo)</b>			
		Q5120			
		<b>Pegfilgrastim-cbqv (Udenyca)</b>			
		Q5111			
		<b>Pegfilgrastim-jmdb (Fulphila)</b>			
		Q5108			
		<b>Sargramostim (Leukine)</b>			
		J2820			
		<b>Tbo-filgrastim (Granix)</b>			
		J1447			
		<b>Trilaciclib (Cosela)</b>			
		J1448			
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>			
		<b>Denosumab (Xgeva)</b>			
		J0897			
		<b>Antiemetic drugs</b>			
		J1456	J0185	J1453	J1454
		J1627	J2469		
		<b>Colony-stimulating factors</b>			
		J1449			
		<b>Erythropoiesis – Stimulating agents</b>			
		J0885			
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cancer supportive Care (cont.)</b>		Provider Portal. To access the portal, go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In at the top-right corner to log in using your One Healthcare ID and password. Or, you can call <b>888-397-8129</b> .			
<b>Cardiology</b>	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance.	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> to get started. Or, you can call <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <a href="#">Cardiology Prior Authorization and Notification Program</a> .			
<b>Cardiovascular</b>	Prior authorization is required.	37220 37226 37230	37221 37227 37231	37224 37228 93580	37225 37229
<b>Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)</b>	Prior authorization is 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 95726
<b>Chemotherapy</b>	Prior authorization is 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), 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> Please submit prior authorization requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to <a href="https://UHCprovider.com">UHCprovider.com</a> to Sign In at the top-right corner. Or, you can call <b>888-397-8129</b> .			
<b>Circumcision</b>	Prior authorization is required.	54161	54162		
<b>Continuous glucose monitor</b>	Prior authorization is required.	A4226 A9278	A4239 E2102	A9276 E2103	A9277
<b>Cosmetic and reconstructive</b> Change or improves physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization is required.	11960 14061* 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 11971	14020* 15823 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14021* 15830 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14041 15847 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966
		*Will <b>not</b> require prior authorization when billed with skin cancer diagnoses.			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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<b>Dental services</b> <b>Dental services (cont.)</b>	For prior authorization requirements, please call UnitedHealthcare dental at <b>855-812-9208</b> .				
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<b>Durable medical equipment (DME)</b>	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				

<b>Enteral services</b>	Prior authorization is required.	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Enteral services (cont.)</b>		B9002	B9998		
<b>Experimental and investigational services</b>	Prior authorization is required.	G0276 33477 A4638 S9988 S9994	G0293 36514 A9274 S9990 G2000	S9996 64722 C2624 S9991	33289 66180 E1831 S9992
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization is required.	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization is required.	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Genetic testing testing to include BRCA gene testing</b>	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 81229 81401 81405 81410 81414 81418 81427 81435 81439 81445 81451 81459 81464 81507 81521 81542 81599 0022U 0037U 0055U 0101U 0118U 0171U 0209U 0214U 0218U 0239U 0250U 0268U 0272U 0277U 0288U	81163 81277 81402 81406 81411 81415 81420 81431 81436 81440 81448 81455 81460 81465 81518 81522 81546 87505 0023U 0047U 0087U 0102U 0129U 0173U 0211U 0215U 0233U 0242U 0258U 0269U 0273U 0278U 0289U	81164 81349 81403 81407 81412 81416 81425 81432 81437 81441 81449 81457 81462 81471 81519 81523 81552 87506 0026U 0048U 0088U 0103U 0154U 0175U 0212U 0216U 0237U 0244U 0264U 0270U 0274U 0282U 0294U	81228 81400 81404 81408 81413 81417 81426 81433 81438 81443 81450 81458 81463 81479 81520 81541 81595 0018U 0029U 0050U 0094U 0111U 0170U 0179U 0213U 0217U 0238U 0245U 0265U 0271U 0276U 0285U 0306U

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Genetic testing testing to include BRCA gene testing (cont.)</b>		0307U	0318U	0319U	0320U
		0326U	0327U	0334U	0345U
		0355U	0364U	0378U	0379U
		0387U	0388U	0389U	0391U
		0395U	0398U	0409U	0411U
		0417U	0419U	0423U	0425U
		0426U	0444U	0448U	S3870
		81313	81327	81490	81265
		81302	81321	81323	81325
		86353	88245	88248	88249
		88261	88262	88263	88264
		88267	88269	88271	88272
		88273	88274	88275	88280
		88283	88285	88289	88291
	88299	0321U			
<b>Hearing services</b> 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		
<b>Home health care services</b>	Prior authorization is required.	G0151	G0152	G0153	G0299
		G0300	S9123	S9124	S9128
		S9129	S9131		
<b>Hysterectomy</b>	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		
<b>Injectable medications</b>	Prior authorization is required.	<b>Actemra</b>			
	For questions about this online authorization process, please call the Optum® Specialty Guidance Program (SGP) at 877-881-7618.	J3262	<b>Acthar Gel</b>		
		J0801			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)	<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>Apretude</b>				
	J0739				
	<b>Aralast NP, Prolastin-C, Zemaira</b>				
	J0256				
	<b>Avsola</b>				
	Q5121				
	<b>Benlysta</b>				
	J0490				
	<b>Beovu</b>				
	J0179				
	<b>Berinert</b>				
	J0597				
	<b>Botulinum toxins</b>				
	J0585	J0586	J0587	J0588	
	J0589				
	<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					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)		<b>Cortrophin gel</b> J0802
		<b>Cosentyx IV</b> J3247
		<b>Crysvita</b> J0584
		<b>Elaprase</b> J1743
		<b>ElELYso</b> J3060
		<b>Elevidys</b> J1413
		<b>Elfabrio</b> J2508
		<b>Enjaymo</b> J1302
		<b>Entyvio</b> J3380
		<b>Evenity</b> J3111
		<b>Evkeeza</b> J1305
		<b>Exondys 51</b> J1428
		<b>Eylea</b> J0178
		<b>Eylea HD</b> J0177
		<b>Fabrazyme</b> J0180
		<b>Fasenra</b> J0517
		<b>Fensolvi</b> J1951
		<b>Feraheme</b> Q0138
		<b>Firmagon</b> J9155
		<b>Gamifant</b> J9210
		<b>Givlaari</b> J0223



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
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Injectable medications (cont.)	<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>Intravenous immunoglobulin (IVIG)</b>				
	J1459	J1551	J1554	J1555	
	J1556	J1557	J1558	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1576	J1599	
	J2782	90283	90284		
	<b>Izervay</b>				
	J2782				
	<b>Kalbitor</b>				
	J1290				
	<b>Kanuma</b>				
	J2840				
	<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					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)		<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>Neulasta</b>
		J2506
		<b>Neupogen</b>
		J1442
		<b>Nexviazyme</b>
		J0219
		<b>Nivestym</b>
		Q5110
		<b>Nplate</b>
		J2796
		<b>Nucala</b>
		J2182
		<b>Ocrevus</b>
		J2350
		<b>Octreotide acetate</b>
		J2354
		<b>OmvoH</b>
		J2267
	<b>Onpattro</b>	
	J0222	
	<b>Orencia</b>	
	J0129	
	<b>Oxlumo</b>	
	J0224	
	<b>Parsabiv</b>	
	J0606	
	<b>Pombiliti</b>	
	J1203	
	<b>Prolia</b>	
	J0897	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	<b>Qalsody</b>				
	J1304				
	<b>Radicava</b>				
	J1301				
	<b>Reblozyl</b>				
	J0896				
	<b>Remicade</b>				
	J1745				
	<b>Renflexis</b>				
	Q5104				
	<b>Riabni</b>				
	Q5123				
	<b>Rituxan</b>				
	J9312				
	<b>Rituxan Hycela</b>				
	J9311				
	<b>Roctavian</b>				
	J1412				
	<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				

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)	<b>Soliris</b>				
	J1300				
	<b>Somatuline Depot</b>				
	J1930				
	<b>Spevigo</b>				
	J1747				
	<b>Spinraza</b>				
	J2326				
	<b>Stelara</b>				
	J3358				
	<b>Supprelin LA</b>				
	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	A9606	A9607	A9699	
	A9590				
	<b>Trelstar</b>				
	J3315				
	<b>Triptodur</b>				
	J3316				
	<b>Truxima</b>				
	Q5115				
	<b>Tzield</b>				
J9381					
<b>Ultomiris</b>					
J1303					
<b>Unclassified codes**</b>					
J3490	J3590			C9399	
<b>Uplizna</b>					
J1823					
<b>Vabysmo</b>					
J2777					
<b>Vantas</b>					
J9225					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
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Injectable medications (cont.)		<b>Veopoz</b>
		J9376
		<b>Viltepso</b>
		J1427
		<b>Vimizim</b>
		J1322
		<b>Vyepti</b>
		J3032
		<b>Vyjuvek</b>
		J3401
		<b>Vyondys 53</b>
		J1429
		<b>Vyvgart</b>
		J9332
		<b>Vyvgart® Hytrulo</b>
		J9334
		<b>White blood cell colony stimulating factors****</b>
		J1442      J1447      J1449      J2506
		Q5101      Q5108      Q5110      Q5111
		Q5120      Q5122      Q5125      Q5127
		Q5130
		<b>Xenpozyme</b>
		J0218
	<b>Xolair</b>	
	J2357	
	<b>Zoladex</b>	
	J9202	
	<b>Zolgensma</b>	
	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 & 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 available at [UHCprovider.com/policies](http://UHCprovider.com/policies) > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

\*For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](http://UHCprovider.com) and click on Sign In at the top-right corner using your One Healthcare ID and password. 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.

\*\*\*\*For codes J1442, J1447, J1449, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122, Q5125, Q5127, Q5130. White blood cell



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		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 <a href="https://www.uhcprovider.com">UHCProvider.com</a> > Link > Prior Authorization and Notification tool on your link dashboard or call <b>877-842-3210</b> .			
<b>Inpatient admissions and post-acute services</b>	Notification is required for admissions.	Inpatient admissions-post acute services – Prior authorization and notification of admission date required for these facilities: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>			
<b>Joint replacement</b>	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			
<b>Non-emergent air ambulance transport</b>	Prior authorization is required.	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b>	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	
<b>Orthotics and prosthetics</b>	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	
	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	

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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		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		
<b>Out-of-network services</b>	Prior authorization is required for all out-of-network services.				
<b>Outpatient therapy</b>	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	
<b>Pain injections and management</b>	Prior authorization is required.	64490	64493		
<b>Private duty nursing</b>	Prior authorization is required.	T1002	T1003		
<b>Prostate procedures</b>	Prior authorization is required.	37243	52441	52442	53850
		53852	55873	55874	55866
<b>Proton beam therapy</b>	Prior authorization is required.	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
<b>Radiation Oncology</b>	Prior authorization required.	<b>IGRT</b>			
		77014	77387	G6001	G6002
		G6017			
		<b>IMRT</b>			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		<b>Proton Beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/Associated Services</b>			
77331	77370	77399	77470		
<b>SRS/SBRT</b>					
77371	77372	77373	G0339		
G0340					



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Radiation Oncology (cont.)</b>		<b>Standard Radiation Therapy (2D/3D)</b> 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 <b>Y90</b> Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095            79445 To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests			
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	Health care professionals 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 <a href="http://UHCprovider.com">UHCprovider.com</a> and sign in at the top-right corner. Or, you can call <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <a href="#">Radiology Prior Authorization and Notification Program</a> .			
<b>Rhinoplasty and septoplasty (cont.)</b>	Prior authorization is required.	30400	30410	30420	30430
<b>Rhinoplasty and septoplasty (cont.)</b>		30435	30450	30460	30462
Treatment of nasal functional impairment and septal deviation		30465			
<b>Shoulder surgery</b>	Prior authorization is required.	29805	29806	29807	29819
		29820	29824	29825	29826
		29827	29828	23470	23472
		23473	23474		
<b>Sinuplasty</b>	Prior authorization is required.	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b>	Prior authorization is required.	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Spinal surgery</b>	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				
<b>Sterilization</b>	Prior authorization is required.	52601	52630	52647	52648
		52649	55250	55801	55821
		55831	58600	58605	58611
		58615	58670	58671	58700
<b>Stimulators</b>  Implantation of a device that sends electrical impulses	Prior authorization is required.	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	
		<b>Neurostimulator</b>			
		43648	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
L8687	L8688				
<b>Transplant services</b>	Prior authorization is required.	For transplant and CAR T-Cell therapy services including Abecma (idecaptopogene vicleucel), Breyanzi (lisocabtagene maralucecel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel) and Yescarta (axicabtagene ciloleucel), please call the UnitedHealthcare Transplant Case Management Team at <b>800-418-4994</b> or the notification number on the back of the			
		Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Transplant services (cont.)</b>		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		
		<b>CAR T-Cell therapy:</b>			
		0537T	0538T	0539T	0540T
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		<b>Gene Therapy</b>			
		J3393	J3394	J3490**	J3590**
		C9399**			
		** For unclassified codes J3490, J3590, and C9399, Amtagvi, Casgevy, Lantidra, Lenmeldy, and Skysona will require Prior Authorization through Optum Transplant.			
<b>Vein procedures</b>	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		
<b>Ventricular assist devices (VAD)</b>	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.			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
<b>Wound vac</b>	Prior authorization is required.	E2402			