

# Prior authorization requirements for UnitedHealthcare Community Plan of Kentucky

Effective June 1, 2026

## General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Kentucky 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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Arthroplasty	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24366	25441	25442
		25443	25444	25445	25446
		27120	27125	27130	27132
		27134	27137	27138	27437
		27438	27440	27441	27442
		27443	27446	27447	27486
		27487	27702		
Arthroscopy	Prior authorization required	29806	29807	29819	29822
		29823	29824	29825	29826
		29827	29828	29834	29837
		29838	29843	29844	29845
		29846	29847	29850	29851
		29855	29856	29861	29862
		29863	29870	29871	29873
		29874	29875	29876	29877
		29879	29880	29881	29882
		29883	29884	29885	29886
	29887	29888	29889	29891	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Arthroscopy (cont.)</b>		29892	29893	29894	29895
		29897	29898	29899	29914
		29915	29916		
<b>Bariatric</b>	Prior authorization required	43644	43645	43659	43770
		43771	43772	43773	43774
	There is a Center of Excellence requirement for coverage of bariatric surgery and services.	43775	43842	43843	43845
		43846	43847	43848	43886
		43887	43888		
	<b>Bariatric with DX code</b>	43860	43865		
	In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	Notification/prior authorization required for the following diagnosis codes:			
		E66.01	E66.09	E66.1	E66.2
		E66.3	E66.8	E66.9	Z68.1
		Z68.20	Z68.21	Z68.22	Z68.30
		Z68.31	Z68.32	Z68.33	Z68.34
		Z68.35	Z68.36	Z68.37	Z68.38
		Z68.39	Z68.41	Z68.42	Z68.43
	Z68.44	Z68.45			
<b>Behavioral health services</b>	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. <ul style="list-style-type: none"> <li>For ABA Therapy, submit via fax or Provider Express</li> </ul>			
<b>Body lengthening</b>	Prior authorization required	25280	27685		
<b>Bone growth stimulator</b>	Prior authorization required	20974	20975	20979	E0747
		E0748	E0760		
	Electronic stimulation or ultrasound to heal fractures				
<b>Bone marrow /stem cell</b>	Prior authorization required	38204	38205	38211	38230
		38232	38243		
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19364	19367	19368	19369
		19370	19371	19380	19396

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Reconstruction of the breast except when following mastectomy		<b>Notification/prior authorization not required for the following diagnosis codes:</b>			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
<b>Cancer supportive care</b>	Prior authorization is required for injectable cancer supportive care drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	Q5136	Q5157	Q5158	Q5159
		<b>Anti-Emetics that require prior authorization:</b>			
		J1434	J2468	<b>Akynzeo® (palonosetron/fosnetupitant)</b>	
		J1454			
		<b>Cinvanti™ (aprepitant)</b>			
		J0185			
		<b>Emend® (fosaprepitant)</b>			
		J1453			
		<b>Nyvepria® (pegfilgrastim-apgf)</b>			
		Q5122			
		<b>Releuko® (Filgrastim-ayow)</b>			
		Q5125			
		<b>Sustol® (granisetron extended release)</b>			
		J1627			
		<b>Ziextenzo (pegfilgrastim-bmez)</b>			
		Q5120			
		<b>Injection Fosaprepitant</b>			
		J1456			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization																																																																
<b>Cancer supportive care (cont.)</b>		<p><b>Sargramostim</b> J2820</p> <p><b><u>Colony Stimulating Factors</u></b> J1449 Q5148</p> <p><b><u>Erythropoiesis Stimulating Agents</u></b> J0885</p> <p><b><u>Therapeutic Radiopharmaceuticals</u></b> A9615</p> <p>To submit prior authorization, please call <b>888-397-8129</b></p>																																																																
<b>Cardiology</b>	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echocardiograms prior to performance	<p>For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/Kycommunityplan&gt;Prior Authorization and Notification&gt;Cardiology Prior Authorization and Notification Program</b>.</p>																																																																
<b>Cardiovascular</b>	Prior authorization required	<p><b>Cardiology</b></p> <table border="0"> <tr> <td>33285</td> <td>93580</td> <td>93653</td> <td>93656</td> </tr> </table> <p><b>Potentially Unproven</b></p> <table border="0"> <tr> <td>33361</td> <td>33362</td> <td>33363</td> <td>33364</td> </tr> <tr> <td>33365</td> <td>33366</td> <td></td> <td></td> </tr> </table> <p>* Prior authorization not required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.52</td> <td>E09.52</td> <td>E10.52</td> <td>E11.52</td> </tr> <tr> <td>E13.52</td> <td>I70.221</td> <td>I70.222</td> <td>I70.223</td> </tr> <tr> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> <td>I70.232</td> </tr> <tr> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> <td>I70.238</td> </tr> <tr> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> <td>I70.243</td> </tr> <tr> <td>I70.244</td> <td>I70.245</td> <td>I70.248</td> <td>I70.249</td> </tr> <tr> <td>I70.25</td> <td>I70.261</td> <td>I70.262</td> <td>I70.263</td> </tr> <tr> <td>I70.268</td> <td>I70.269</td> <td>I70.321</td> <td>I70.322</td> </tr> <tr> <td>I70.323</td> <td>I70.329</td> <td>I70.331</td> <td>I70.332</td> </tr> <tr> <td>I70.333</td> <td>I70.334</td> <td>I70.335</td> <td>I70.338</td> </tr> <tr> <td>I70.339</td> <td>I70.341</td> <td>I70.342</td> <td>I70.343</td> </tr> <tr> <td>I70.344</td> <td>I70.345</td> <td>I70.348</td> <td>I70.349</td> </tr> <tr> <td>I70.35</td> <td>I70.361</td> <td>I70.362</td> <td>I70.363</td> </tr> </table>	33285	93580	93653	93656	33361	33362	33363	33364	33365	33366			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
33285	93580	93653	93656																																																															
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Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		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

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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		
<b>Carpal tunnel</b>	Prior authorization required	29848	64721		
<b>Cartilage implants</b>	Prior authorization required	27412 29867	27415 29868	27416	29866
<b>Cerebral seizure monitoring</b>	Prior authorization required	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 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	J0594 J0894 J1447 J1952 J2860 J9011 J9022 J9026 J9030 J9035 J9041 J9046 J9050 J9055 J9061 J9071 J9075 J9119 J9145 J9161 J9174 J9178 J9185	J0640 J1323 J1448 J1954 J3055 J9015 J9023 J9027 J9032 J9036 J9042 J9047 J9051 J9056 J9063 J9072 J9076 J9120 J9150 J9171 J9175 J9179 J9190	J0641 J1326 J1932 J2277 J3263 J9017 J9024 J9028 J9033 J9039 J9043 J9048 J9052 J9057 J9064 J9073 J9100 J9130 J9153 J9172 J9176 J9181 J9196	J0642 J1442 J1950 J2506 J9000 J9021 J9025 J9029 J9034 J9040 J9045 J9049 J9054 J9060 J9065 J9074 J9118 J9144 J9155 J9173 J9177 J9184 J9198

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Chemotherapy (cont.)</b>		J9200	J9201	J9202	J9203
		J9204	J9205	J9206	J9207
		J9208	J9209	J9210	J9211
		J9213	J9214	J9215	J9216
		J9217	J9218	J9219	J9223
		J9225	J9226	J9227	J9228
		J9229	J9230	J9245	J9246
		J9248	J9249	J9255	J9260
		J9261	J9262	J9263	J9264
		J9266	J9267	J9268	J9269
		J9271	J9272	J9273	J9274
		J9275	J9276	J9280	J9281
		J9282	J9285	J9286	J9289
		J9292	J9293	J9294	J9295
		J9296	J9297	J9298	J9299
		J9301	J9302	J9303	J9304
		J9305	J9306	J9307	J9308
		J9309	J9311	J9312	J9313
		J9314	J9316	J9317	J9318
		J9319	J9320	J9321	J9322
		J9323	J9324	J9325	J9326
		J9328	J9329	J9330	J9331
		J9332	J9333	J9334	J9341
		J9342	J9345	J9347	J9348
		J9349	J9350	J9351	J9352
		J9353	J9354	J9355	J9356
		J9357	J9358	J9359	J9360
		J9361	J9370	J9376	J9380
		J9382	J9390	J9393	J9394
		J9395	J9400	J9600	J9999
		Q2043	Q2050	Q2055	Q5101
		Q5107	Q5108	Q5110	Q5111
		Q5112	Q5113	Q5114	Q5115
		Q5116	Q5117	Q5118	Q5119
		Q5123	Q5126	Q5127	Q5129
	Q5130	Q5146	Q5149	Q5150	
	Q5160				
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	<b>Cochlear Implants and Other Auditory Implants Regardless of Cost</b>			
		L8615	L8616	L8617	L8618
A medical device within the inner ear, with an external portion, to help persons		<b>Cochlear Implants and Other Auditory Implants with a billed amount or cumulative rental cost of more than \$500</b>			
		69710	69714	69717	69930
		L8619	L8627	L8628	L8692

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
with profound sensorineural deafness achieve conversational speech					
<b>Congenital heart disease</b>	Prior authorization required	33251	33254	33255	33256
		33257	33258	33259	33261
Congenital heart disease-related services, including pre-treatment evaluation		33404	33414	33415	33416
		33417	33476	33478	33502
		33503	33504	33505	33506
		33507	33600	33602	33606
		33608	33610	33611	33612
		33615	33617	33619	33641
		33645	33647	33660	33665
		33670	33675	33676	33677
		33681	33684	33688	33690
		33692	33694	33697	33702
		33710	33720	33724	33726
		33730	33732	33735	33736
		33750	33755	33762	33764
		33766	33767	33768	33770
		33771	33774	33775	33776
		33777	33778	33779	33780
		33781	33786	33788	33802
		33803	33820	33822	33840
		33845	33851	33852	33853
		33917	33920	33924	93581
<b>Continuous glucose monitoring</b>	Prior authorization required	<b>Continuous Glucose Monitoring with a billed amount or cumulative rental cost of more than \$500</b>			
		95250	95251	A9276	A9277
		A9278	A4239	E2102	E2103
<b>Cosmetic</b>	Prior authorization required (For Cosmetic procedures also reference Potentially Cosmetic category below)	21137			
<b>Durable medical equipment (DME)</b>	Prior authorization required	DME Regardless of Cost			
		A5500	A5501	A5503	A5504
		A5505	A5506	A5508	A5510
	Prosthetics are not DME – see	A5512	A5513	A5514	E0565
	<i>Orthotics and prosthetics.</i>	E0720	E0730	E0731	E0958
		E1014	E1016	E2207	E2298
		E2366	E2367	E2368	E2369

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
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Durable medical equipment (DME) (cont.)		<b>DME with a billed amount or cumulative rental cost of more than \$500</b>			
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A4600	A6503	A6504	A6505
A6506	A6507	A6509	A6513
A8002	A8003	A9274	A9999
B4100	B4102	B4103	B4104
B4157	B4161	B4162	B9002
B9998	B9999	E0118	E0147
E0193	E0194	E0265	E0266
E0277	E0296	E0297	E0301
E0303	E0304	E0316	E0371
E0372	E0373	E0445	E0455
E0457	E0462	E0466	E0467
E0470	E0482	E0483	E0485
E0486	E0500	E0575	E0601
E0617	E0618	E0619	E0635
E0637	E0638	E0639	E0641
E0642	E0652	E0656	E0670
E0676	E0744	E0745	E0762
E0764	E0769	E0770	E0784
E0947	E0948	E0955	E0956
E0957	E0960	E0983	E0986
E1002	E1003	E1004	E1005
E1006	E1007	E1008	E1009
E1010	E1011	E1012	E1015
E1028	E1029	E1030	E1035
E1036	E1037	E1038	E1039
E1050	E1060	E1070	E1083
E1084	E1085	E1086	E1087
E1088	E1089	E1090	E1092
E1093	E1100	E1110	E1140
E1150	E1160	E1161	E1170
E1171	E1172	E1180	E1190
E1195	E1200	E1220	E1222
E1223	E1224	E1229	E1231
E1232	E1233	E1234	E1235
E1236	E1237	E1238	E1240
E1250	E1260	E1270	E1280
E1285	E1290	E1295	E1300
E1399	E1405	E1406	E1800
E1801	E1802	E1805	E1806
E1810	E1811	E1812	E1815
E1816	E1818	E1825	E1830
E1840	E2201	E2202	E2203
E2204	E2216	E2217	E2218

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		E2227	E2228	E2230	E2231
		E2291	E2292	E2293	E2294
		E2295	E2301	E2310	E2311
		E2312	E2313	E2321	E2322
		E2323	E2324	E2325	E2326
		E2327	E2328	E2329	E2330
		E2331	E2340	E2341	E2342
		E2343	E2351	E2359	E2370
		E2372	E2373	E2374	E2375
		E2376	E2377	E2378	E2381
		E2382	E2383	E2384	E2385
		E2386	E2387	E2388	E2389
		E2390	E2391	E2392	E2394
		E2395	E2396	E2397	E2402
		E2502	E2504	E2506	E2508
		E2510	E2512	E2601	E2602
		E2603	E2604	E2605	E2606
		E2607	E2608	E2609	E2610
		E2611	E2612	E2613	E2614
		E2615	E2616	E2617	E2619
		E2620	E2621	E2622	E2623
		E2624	E2625	E8000	E8001
		E8002	K0002	K0003	K0004
		K0005	K0006	K0007	K0009
		K0108	K0606	K0669	K0730
		K0800	K0801	K0802	K0806
		K0807	K0808	K0812	K0813
		K0814	K0815	K0816	K0820
		K0821	K0822	K0823	K0824
		K0825	K0826	K0827	K0828
		K0829	K0830	K0831	K0835
		K0836	K0837	K0838	K0839
		K0840	K0841	K0842	K0843
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	K0898	L5230
		L5250	L5270	L5280	L5301
		L5321	L5331	L5341	L5400
		L5420	L5500	L5505	L5510
		L5520	L5530	L5535	L5540

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		L5560	L5570	L5580	L5585
		L5590	L5595	L5600	L5616
		L5639	L5643	L5645	L5647
		L5648	L5649	L5651	L5700
		L5701	L5702	L5716	L5718
		L5781	L5782	L5790	L5795
		L5811	L5816	L5818	L5845
		L5950	L5960	L5964	L5966
		L5968	L5988	L5990	L6026
		L6055	L6100	L6110	L6050
		L6130	L6200	L6205	L6120
		L6300	L6310	L6320	L6250
		L6360	L6370	L6380	L6350
		L6384	L6400	L6450	L6382
		L6550	L6570	L6580	L6500
		L6584	L6586	L6588	L6582
		L6621	L6623	L6624	L6590
		L6686	L6689	L6690	L6638
		L6694	L6696	L6697	L6693
		L6708	L6709	L6712	L6707
		L6714	L6721	L6722	L6713
		L6900	L6905	L6910	L6883
		L6920	L6930	L6940	L6915
		L6960	L6970	L7040	L6950
		L8042	L8043	L8044	L8041
		L8046	L8500	L8691	L8045
	S1040	S8189	S9435	L8694	
		V2627	V2623		
<b>Enteral and parenteral therapy</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4150	B4158	B4159	B4160
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477 95966	36514 95967	64722	95965
<b>Foot surgery</b>	Prior authorization required	28285 28295 28299	28289 28296	28291 28297	28292 28298

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31237	31239	31240	31253
		31254	31255	31256	31257
		31259	31267	31276	31287
		31288			
<b>Gender dysphoria treatment</b>	Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	11980	14000	14001	14041
		15734	15738	15750	31750
		53410	53430	54125	54520
		54660	54690	55150	55175
		55180	56625	56800	56805
		56810	57110	57425	58661
		58720	58940	64856	64892
<b>Gender reassignment</b>	Prior authorization required	64896	90785	96372	
		57335			
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	<b>BRCA Genetic Testing</b>			
		81162	81163	81164	81432
	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.	<b>Genetic Testing</b>			
		0006M	0007M	0018U	0022U
		0023U	0026U	0037U	0047U
		0048U	0050U	0055U	0087U
		0088U	0094U	0101U	0102U
		0103U	0111U	0114U	0118U
		0129U	0154U	0170U	0171U
		0172U	0173U	0175U	0179U
		0209U	0211U	0212U	0213U
		0214U	0215U	0216U	0217U
		0218U	0233U	0237U	0238U
		0239U	0242U	0244U	0245U
		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	0306U	0307U	0318U		
0319U	0320U	0326U	0334U		
0355U	0364U	0378U	0379U		
0388U	0389U	0391U	0395U		
0398U	0409U	0417U	0425U		
0426U	0437U	0444U	0449U		
0465U	0471U	0473U	0474U		

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Genetic and molecular testing to include BRCA gene testing (cont.)</b>		0475U	81228	81229	81277
			81349	81400	81403
			81404	81405	81407
			81408	81410	81412
			81413	81414	81416
			81417	81425	81427
			81431	81435	81439
			81440	81441	81445
			81448	81449	81451
			81455	81457	81459
			81460	81462	81464
			81465	81479	81519
			81520	81521	81523
			81541	81542	81552
			81595	81599	87506
			87507	S3854	S3870
<b>Hearing</b>	Prior authorization required	V5014	V5050	V5060	V5130
		V5140	V5261	V5264	V5267
<b>Heart</b>	Prior authorization required	33266			
<b>Home health</b>	Prior authorization required	G0155	G0156	G0162	
		G0299	G0300	G0495	S5108
		S5109	S9122	S9123	S9124
		S9127	T1004	T1021	T1022
		T1030	T1031		
			<b>Occupational therapy</b>		
		G0158	G0160	S9129	
			<b>Physical therapy</b>		
		G0157	G0159	S9131	
			<b>Physical therapy/occupational therapy</b>		
		G0151	G0152		
			<b>Speech therapy</b>		
		G0153	G0161	S9128	
<b>Hospice</b>	Prior authorization required	G0493	G0494	Q5001	Q5005
		T2042	T2045		
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58285	58290	58291	58292
		58294	58541	58542	58543
		58544	58550	58552	58553
		58554	58570	58571	58572
		58573			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required*	<b>Actemra®</b> J3262 <b>Acthar® Gel</b> J0801 <b>Adakveo®</b> J0791 <b>Adzynma</b> J7171 <b>Aldurazyme®</b> J1931 <b>Alhemo</b> J7173 <b>Amondys 45</b> J1426 <b>Amvuttra™</b> J0225 <b>Aralast NP®, Prolastin-C®, Zemaira®</b> J0256 <b>Ascniv</b> J1554 <b>Avsola</b> Q5121 <b>Avtozma</b> Q5156 <b>Azedra®</b> A9590 <b>Azmiro</b> J1072 <b>Benlysta</b> J0490 <b>Beovu®</b> J0179 <b>Bildyos</b> Q5162 <b>Bkemv</b> Q5152 <b>Beqvez</b> J1414 <b>Berinert®</b> J0597 <b>Botox®</b>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		<p>J0585</p> <p><b>Brineura®</b></p> <p>J0567</p> <p><b>Briumvi®</b></p> <p>J2329</p> <p><b>Bynfezia™ Pen, Octreotide Acetate, Sandostatin®</b></p> <p>J2354</p> <p><b>Byooviz™</b></p> <p>Q5124</p> <p><b>Cerezyme®</b></p> <p>J1786</p> <p><b>Cimerli™</b></p> <p>Q5128</p> <p><b>Cimzia®</b></p> <p>J0717</p> <p><b>Cinqair®</b></p> <p>J2786</p> <p><b>Cinryze®</b></p> <p>J0598</p> <p><b>Conexence</b></p> <p>Q5158</p> <p><b>Cosentyx</b></p> <p>J3247</p> <p><b>Cortrophin Gel™</b></p> <p>J0802</p> <p><b>Crysvita</b></p> <p>J0584</p> <p><b>Cutaquig®</b></p> <p>J1551</p> <p><b>Daxxify®</b></p> <p>J0589</p> <p><b>Dysport®</b></p> <p>J0586</p> <p><b>Elaprase®</b></p> <p>J1743</p> <p><b>Elelyso®</b></p> <p>J3060</p> <p><b>Elevidys</b></p> <p>J1413</p> <p><b>Elfabrio</b></p>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J2508
		<b>Encelto</b>
		J3403
		<b>Enjaymo™</b>
		J1302
		<b>Entyvio®</b>
		J3380
		<b>Epysqli</b>
		Q5151
		<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>Fulphila®</b>
	Q5108	
	<b>Fynetra®</b>	
	Q5130	
	<b>Gazyva</b>	
	J9301	
	<b>Gel-One</b>	
	J7326	
	<b>GenVisc 850</b>	
	J7320	
	<b>Givlaari®</b>	
	J0223	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
Injectable medications (cont.)		<b>Glassia®</b>			
		J0257			
		<b>Granix®</b>			
		J1447			
		<b>Hemgenix®</b>			
		J1411			
		<b>Hemlibra</b>			
		J7170			
		<b>Hyalgan®, Supartz®, Visco-3</b>			
		J7321			
		<b>Hymovis</b>			
		J7322			
		<b>Hympavzi</b>			
		J7172			
		<b>Ilaris®</b>			
		J0638			
		<b>Ilumya®</b>			
		J3245			
		<b>Imaavy</b>			
		J9256			
		<b>Imuldosa IV</b>			
		Q5098			
		<b>Inflectra</b>			
		Q5103			
		<b>Injectafer®</b>			
		J1439			
		<b>IVIG</b>			
		J1459	J1552	J1553	J1555
	J1556	J1557	J1559	J1561	
	J1566	J1568	J1569	J1572	
	J1575	J1599			
	<b>IVG/SCIG</b>				
	90283	90284			
	<b>Izervay</b>				
	J2782				
	<b>Jubbonti Wyost</b>				
	Q5136				
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		<b>Kisunla</b> J0175
		<b>Korsuva</b> J0879
		<b>Lamzedo®</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, Eligard®</b> J9217
		<b>Lupron Depot®, Lupron Depot-PED®</b> J1950
		<b>Lutathera®</b> A9513
		<b>Lutron Depot</b> J1954
		<b>Luxturna™</b> J3398
		<b>Mepsevii®</b> J3397
		<b>Monovisc</b> J7327
		<b>Myobloc®</b> J0587
		<b>Naglazyme®</b> J1458
		<b>Neulasta®</b> J2506
		<b>Neupogen®</b> J1442
		<b>Nexviazyme®</b>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J0219
		<b>Niktimvo</b>
		J9038
		<b>Nivestym®</b>
		Q5110
		<b>Nplate®</b>
		J2802
		<b>Nucala®</b>
		J2182
		<b>Nulibry</b>
		J1809
		<b>Nypozi</b>
		Q5148
		<b>Ocrevus™</b>
		J2350
		<b>Ocrevus Zunovo</b>
		J2351
		<b>OmvoH IV</b>
		J2267
		<b>Onpattro™</b>
		J0222
		<b>Orencia®</b>
		J0129
		<b>Orthovisc®</b>
		J7324
		<b>Otufi IV</b>
		Q9999
		<b>Oxlumo™</b>
		J0224
		<b>Panzyga®</b>
	J1576	
	<b>Papzimeos</b>	
	J3404	
	<b>Parsabiv™</b>	
	J0606	
	<b>Pavblu</b>	
	Q5147	
	<b>PiaSky</b>	
	J1307	
	<b>Pombiliti™</b>	
	J1203	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
Injectable medications (cont.)		<b>Prolia®, Xgeva®</b> J0897 <b>Pyzchiva IV</b> Q9997 <b>Qalsody™</b> J1304 <b>Qfitlia</b> J7174 <b>Radicava®</b> J1301 <b>Reblozyl®</b> J0896 <b>Releuko®</b> Q5125 <b>Remicade®</b> J1745 <b>Renflexis</b> Q5104 <b>Rituxan®</b> J9312 <b>Roctavian</b> J1412 <b>Rolvedon™</b> J1449 <b>Ruconest®</b> J0596 <b>Ryplazim®</b> J2998 <b>Rystiggo</b> J9333 <b>Sandostatin LAR® Depot</b> J2353 <b>Saphnelo™</b> J0491 <b>Scenesse</b> J7352 <b>Selarsdi</b> Q9998 <b>Signifor® LAR</b> J2502 <b>Simponi Aria®</b>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		<p>J1602</p> <p><b>Skyrizi®</b></p> <p>J2327</p> <p><b>Soliris®</b></p> <p>J1299</p> <p><b>Somatuline® Depot</b></p> <p>J1930</p> <p><b>Spevigo®</b></p> <p>J1747</p> <p><b>Spinraza™</b></p> <p>J2326</p> <p><b>Stelara® (IV use)</b></p> <p>J3358</p> <p><b>Steqeyma IV</b></p> <p>Q5099</p> <p><b>Stimufend®</b></p> <p>Q5127</p> <p><b>Stoboclo</b></p> <p>Q5157</p> <p><b>Supprelin® LA</b></p> <p>J9226</p> <p><b>Susvimo™</b></p> <p>J2779</p> <p><b>Syfovre™</b></p> <p>J2781</p> <p><b>Synagis®</b></p> <p>90378</p> <p><b>Synojoynt</b></p> <p>J7331</p> <p><b>Synvisc/Synvisc One</b></p> <p>J7325</p> <p><b>Tepezza</b></p> <p>J3241</p> <p><b>Tezspire™</b></p> <p>J2356</p> <p><b>Therapeutic Radiopharmaceuticals</b></p> <p>A9607</p> <p><b>Tofidence</b></p> <p>Q5133</p> <p><b>Trelstar®</b></p> <p>J3315</p>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		<b>Tremfya IV</b>
		J1628
		<b>Triptodur™</b>
		J3316
		<b>Trivisc</b>
		J7329
		<b>Truxima®</b>
		Q5115
		<b>Tyenne</b>
		Q5135
		<b>Tysabri®</b>
		J2323
		<b>Tzield™</b>
		J9381
		<b>Udenyca®</b>
		Q5111
		<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>
		J3032
	<b>Vyjuvek</b>	
	J3401	
	<b>Vyondys 53®</b>	
	J1429	
	<b>Vyvgart® Hytrulo</b>	
	J9334	
	<b>Wezlana IV</b>	
	Q5138	
	<b>Xembify</b>	
	J1558	
	<b>Xenpozyme™</b>	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		<p>J0218  <b>Xeomin®</b>  J0588  <b>Xofigo®</b>  A9606  <b>Xolair®</b>  J2357  <b>Yesintek IV</b>  Q5100  <b>Zarxio®</b>  Q5101  <b>Zilretta®</b>  J3304  <b>Zoladex®</b>  J9202  <b>Zolgensma®</b>  J3399  <b>Other injectable medications requiring prior authorization</b>  A9699</p> <p>*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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.</p>
<b>Injectable medications- unclassified or temporary codes</b>	Prior authorization required**	<p>J3490* J3590*</p> <p>*For Unclassified or temporary codes J3490 and J3590 prior authorization is only required for Kebilidi, Lantidra, Monoferric®, Revcovi, Rivfloza Starjemza and Zulresso™</p> <p>**For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top</p>

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
		right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call <b>888-397-8129</b> .			
<b>Mastectomy</b>	Prior authorization required	19300			
<b>Medicine services and procedures</b>	Prior authorization required	96116	96121	96130	96131
		96132	96133	96136	96137
		96138	96139	96146	97124
		97537	97750		
<b>Neurostimulators</b>	Prior authorization required	43648	43882	61863	61864
Implantation of a device that sends electrical impulses		61867	61868	61885	61886
		64553	64555	64568	64590
		64595			
<b>Non Emergency Transportation</b>		<b>Air Ambulance</b>			
		A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Orthognathic surgery</b>	Prior authorization required	21010	21050	21116	21121
		21123	21125	21127	21141
Treatment of maxillofacial functional impairment		21142	21143	21145	21146
		21147	21150	21151	21154
		21155	21159	21160	21188
		21193	21194	21195	21196
		21198	21199	21206	21208
		21209	21210	21215	21240
		21242	21243	21244	21245
		21246	21247	21248	21249
		21255	21296		
<b>Orthotics and prosthetics</b>	Prior authorization required	<b>Orthotics and prosthetics regardless of cost</b>			
		L0220	L0452	L0622	L2387
		L2520	L2755	L3806	L3905
		L3913	L3933	L4030	L5673
		L5679	L5704	L5976	L6611
		L6615	L6616	L6620	L6629
		L6895	L8629		
		<b>Orthotics and prosthetics with a billed amount or cumulative rental cost of more than \$500</b>			
		L0113	L0456	L0457	L0462
		L0464	L0480	L0482	L0484
		L0486	L0488	L0491	L0624
		L0629	L0631	L0632	L0634
		L0635	L0636	L0637	L0638
		L0639	L0640	L0648	L0650
		L0651	L1000	L1200	L1300
		L1310	L1680	L1685	L1686
		L1690	L1700	L1710	L1720

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L1730	L1755	L1832	L1834
		L1840	L1843	L1844	L1845
		L1846	L1860	L1945	L1950
		L1951	L1970	L2000	L2005
		L2010	L2020	L2030	L2034
		L2036	L2037	L2038	L2108
		L2350	L2510	L2525	L2526
		L2627	L2628	L3330	L3671
		L3702	L3720	L3730	L3740
		L3763	L3904	L3971	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5610
		L5611	L5613	L5614	L5681
		L5683	L5705	L5706	L5707
		L5722	L5724	L5726	L5728
		L5780	L5814	L5822	L5824
		L5826	L5828	L5830	L5840
		L5848	L5856	L5857	L5858
		L5859	L5930	L5973	L5979
	L5980	L5981	L5987	L6881	
	L6882	L6925	L6935	L6945	
	L6955	L6965	L6975	L7007	
	L7008	L7009	L7045	L7170	
	L7180	L7181	L7185	L7186	
	L7190	L7191	L7259	L8499	
<b>Outpatient therapy</b>	Prior authorization required	<b>Physical therapy/occupational therapy</b>			
		94667	94668	97012	97016
		97018	97022	97024	97026
		97028	97032	97033	97034
		97035	97036	97110	97112
		97113	97116	97140	97150
		97530	97535	97542	
		<b>Speech therapy</b>			
		92507	92508	92526	92606
		92609	92611	92612	92630
92633	97129	97130			
<b>Pain injections</b>	Prior authorization required	62280	62281	62282	62291
		62292			
<b>Pain management</b>	Prior authorization required	20552	20553	62320	62321
		62322	62323	62324	62325
		62326	62327	62350	62351
		62360	62361	62362	62367
		62368	62369	62370	64405

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Pain management (cont.)</b>		64408	64415	64416	64417
		64418	64420	64421	64430
		64445	64446	64447	64448
		64449	64450	64451	64454
		64479	64483	64490	64491
		64492	64493	64494	64495
		64505	64510	64517	64520
		64600	64633	64634	64635
		64636	64640	E0782	E0783
<b>Pancreas</b>	Prior authorization required	48160			
<b>Potentially cosmetic</b>	Prior authorization required (For Potentially cosmetic procedures also reference Cosmetic category above)	11440	11960	11970	11971
		14020*	14021*	14040	14060
		14061*	14301	15570	15572
		15574	15730	15731	15733
		15736	15740	15756	15820
		15821	15822	15823	15877
		15878	15879	17106	17107
		17108	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21260	21261
		21263	21267	21268	21275
		21280	21282	21295	21740
		21742	21743	28344	30400
		30410	30420	30430	30435
		30450	30460	30462	30465
		30540	30545	30620	31295
		31296	31297	31298	33289
		54400	54401	54405	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
				C2624	
				* Prior authorization not required when billed with the following diagnosis codes:	
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101

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Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization				
<b>Potentially cosmetic (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>Prescribed pediatric extended care services (PPEC)</b>	Prior authorization required	T1025	T1026		
	<b>Private duty nursing</b>	Prior authorization required	T1000			
	<b>Prostate</b>	Prior authorization required	37243 55874	52441	52442	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Prostate (cont.)</b>		<b>Cryosurgical ablation of prostate</b>			
		55873			
		<b>Prostate microwave</b>			
		53850	53852		
<b>Pulmonary</b>	Prior authorization required	32491			
<b>Radiation therapy</b>	Prior authorization required	<b>IGRT</b>			
		77387	G6017		
		<b>Associated/special services (special plan &amp; services)</b>			
		77331	77370	77399	77470
		G0339	G0340		
		<b>Proton beam</b>			
		77520	77522	77523	77525
		<b>SBRT/SRS</b>			
		77371	77372	77373	
		<b>Radiation Treatment Delivery</b>			
		77402*	77407	77412	

\*Prior Auth only required to manage fractionation when requested for the following diagnosis codes:

Applicable ICD10 codes for cancer types in scope for Hypofractionation:

Bone Mets - ICD10: C79.51, C79.52

Breast - ICD10: C50.11, 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, C50.219, C50.221, C50.222, 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, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A

Prostate - ICD10: C61

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Radiation therapy (cont.)</b>		Applicable ICD10 codes for cancer types in scope for Conventional Fractionation:  Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92  <b>Y90</b> S2095            79445			
<b>Radiology</b>	Prior authorization 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 cardiology procedures</li> </ul>	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.  For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/Kycommunityplan&gt;Prior Authorization and Notification&gt;Radiology Prior Authorization and Notification program</b>			
<b>Shoulder</b>	Prior authorization required	23412			
<b>Sleep apnea procedures &amp; surgeries</b> Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	21685            42145			
<b>Sleep studies</b> Laboratory-assisted and related studies,	Prior authorization required Excludes sleep studies performed in the home. Not	95805            95807            95808            95810 95811			

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
including polysomnography, to diagnosis sleep apnea and other sleep disorders	applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>				
<b>Spinal cord stimulator</b>	Prior authorization required	63650 63663 64570	63655 63664	63661 63685	63662 63688
Spinal cord stimulators when implanted for pain management					
<b>Spine surgery</b>	Prior authorization required	20930 22101 22112 22207 22214 22224 22512 22532 22551 22558 22595 22614 22634 22808 22819 22842 22846 22850 22855 22859 27280 63011 63017 63042 63046 63051 63064 63077 63085 63090 63103 63185 63200 63265	20931 22102 22114 22208 22216 22226 22513 22533 22552 22585 22600 22630 22800 22810 22830 22843 22847 22852 22856 22861 63001 63012 63020 63043 63047 63055 63066 63078 63086 63091 63170 63190 63250 63266	20939 22103 22116 22210 22220 22510 22514 22534 22554 22586 22610 22632 22802 22812 22840 22844 22848 22853 22857 22862 63003 63015 63030 63044 63048 63056 63075 63081 63087 63101 63172 63191 63251 63267	22100 22110 22206 22212 22222 22511 22515 22548 22556 22590 22612 22633 22804 22818 22841 22845 22849 22854 22858 27279 63005 63016 63040 63045 63050 63057 63076 63082 63088 63102 63173 63197 63252 63268

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Spine Surgery (cont.)</b>		63270	63271	63272	63273
		63275	63276	63277	63278
		63280	63281	63282	63283
		63285	63286	63287	63290
		63295	63300	63301	63302
		63303	63304	63305	63306
			63307	63308	
<b>Surgery</b>	Prior authorization required	32672			
<b>Surgery - cardio, hemic, &amp; lymphatic</b>	Prior authorization required	33274	33275		
<b>Surgery - digestive</b>	Prior authorization required	43647			
<b>Surgery - eye and ear</b>	Prior authorization required	69300			
<b>Surgery - integumentary</b>	Prior authorization required	10121	15824	15825	15826
		15828	15829	15830	15832
		15833	15834	15836	15837
		15839			
<b>Surgery - musculoskeletal</b>	Prior authorization required	21270	22526	22867	22869
<b>Surgery - nervous system</b>	Prior authorization required	62263	62287		
<b>Transplant</b> Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.			
		32851	32852	32853	32854
		32855	33933	33935	33945
		38206	38207	38208	38209
		38210	38212	38213	38214
		38215	38230	38232	38240
		38241	38242	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47144	47145	47146
		48554	50325	50340	50360
		50365	50370	J3387	J3389
		S2140	S2142	S2150	S2053
		S2054	S2065	S2060	

Procedures and services	Additional information	CPT® or HCPCS Codes and how to obtain prior authorization			
<b>Transplant (cont.)</b>		<b>CAR-T</b>			
		J3490	J3590	J9999	Q2041
		Q2042	Q2053	Q2056	Q2057
		Q2058			
		<b>Gene therapy</b>			
		J3391	J3392	J3393	J3394
J3402	J3490*	J3590*			
		* Amtagvi will require PA through Optum Transplant			
<b>Transplant - corneal transplant</b>	Prior authorization required	65710			
<b>Vein procedures</b>	Prior authorization required	36465	36466	36470	36471
Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities		36473	36474	36475	36478
		36479	36482	36483	37700
		37718	37722	37735	37765
		37766	37780	37785	
<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b>			
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			