

# Prior Authorization Requirements for Kentucky Medicaid

Effective September 1, 2022

## General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Kentucky participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:** 866-604-3267

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Prior authorization is the process where health care providers seek approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services Department and is an essential part of any managed care organization. Advance notification is a requirement of care providers to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroplasty</b>	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24366	24370	24371
		25332	25441	25442	25443
		25444	25445	25446	25447
		25449	26530	26531	26535
		26536	27120	27125	27130
		27132	27134	27137	27138
		27437	27438	27440	27441
		27442	27443	27445	27446
		27447	27486	27487	27700
27702	27703	27704			
<b>Arthroscopy</b>	Prior authorization required	29805	29806	29807	29819
		29822	29823	29824	29825
		29826	29827	29828	29834
		29837	29838	29840	29843
		29844	29845	29846	29847
		29850	29851	29855	29856
		29860	29861	29862	29863
		29870	29871	29873	29874

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy (continued)</b>		29875	29876	29877	29879
		29880	29881	29882	29883
		29884	29885	29886	29887
		29888	29889	29891	29892
		29893	29894	29895	29897
		29898	29899	29914	29915
		29916			
<b>Bariatric</b>	Prior authorization required	43644	43645	43659	43770
	There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43886
		43887	43888		
		<b>Bariatric with DX code</b>			
		43860	43865		
		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 Electronic stimulation or ultrasound to heal fractures	20974	20975	20979	E0747
		E0748	E0760		
<b>Bone Marrow / Stem Cell</b>	Prior authorization required	38204	38205	38211	38230
		38232	38243		
<b>Breast Reconstruction (non-mastectomy)</b>	Prior authorization required Reconstruction of the breast except when following mastectomy	19316	19318	19325	19328
		19330	19340	19342	19350
		19364	19367	19368	19369
		19370	19371	19380	19396
	<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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast Reconstruction (non-mastectomy) (continued)</b>		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	<b><u>Anti-Emetics that require prior authorization:</u></b> <b>Akynzeo® (palonosetron/fosnetupitant)</b> J1454 <b>Cinvanti™ (aprepitant)</b> J0185 <b>Emend® (fosaprepitant)</b> J1453 <b>Nyvepria® (pegfilgrastim-apgf)</b> Q5122 <b>Sustol® (granisetron extended release)</b> J1627 <b>Ziextenzo (pegfilgrastim-bmez)</b> Q5120 To submit prior authorization, please call 888-397-8129		
<b>Cardiology</b>	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echocardiograms prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93303	93304	93306	93307
		93308	93319	93350	93351
		93452	93453	93454	93455
		93456	93457	93458	93459
		93460	93461		

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to

**Procedures and Services**

**Additional Information**

**CPT® or HCPCS Codes and/or How to Obtain Prior Authorization**

**UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Provider Portal dashboard. Or call **866-889-8054**.

**Cardiovascular**

Prior authorization required

**Cardiology**

33285	37220	37221	37224
37225	37226	37227	37228
37229	93580	93653	93656

**Potentially Unproven**

33361	33362	33363	33364
33365	33366		

**Vascular**

75710*	75716*		
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\*Prior authorization required for the following diagnosis codes:

E08.51	E08.52	E08.59	E08.621
E09.51	E09.52	E09.59	E09.621
E10.51	E10.52	E10.59	E10.621
E11.51	E11.52	E11.59	E11.621
E13.51	E13.52	E13.59	E13.621
I70.201	I70.202	I70.203	I70.208
I70.209	I70.211	I70.212	I70.213
I70.218	I70.219	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	I70.291
I70.292	I70.293	I70.298	I70.299
I70.301	I70.302	I70.303	I70.308
I70.309	I70.311	I70.312	I70.313
I70.318	I70.319	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	I70.391	I70.392	I70.393
I70.399	I70.401	I70.402	I70.403
I70.408	I70.409	I70.411	I70.412
I70.413	I70.418	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
		170.634	170.635	170.638	170.639
		170.641	170.642	170.643	170.644
		170.645	170.648	170.649	170.661
		170.662	170.663	170.668	170.669
		170.691	170.692	170.693	170.698
		170.699	170.701	170.702	170.703
		170.708	170.709	170.711	170.712
		170.713	170.718	170.719	170.721
		170.722	170.723	170.728	170.729
		170.731	170.732	170.733	170.734
		170.735	170.738	170.739	170.741
		170.742	170.743	170.744	170.745
		170.748	170.749	170.761	170.762
		170.763	170.768	170.769	170.791
		170.792	170.793	170.798	170.799
		170.8	170.90	170.91	170.92
		172.3	172.4	172.8	172.9
		173.89	173.9	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		177.1	177.2	177.70	177.72
		177.77	177.79	196	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661
		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
	<b>Carpal Tunnel</b>	Prior authorization required	29848	64721	
<b>Cartilage Implants</b>	Prior authorization required	27412	27415	27416	29866
		29867	29868		
<b>Cerebral Seizure Monitoring</b>	Prior authorization required	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	J0594	J0640	J0641	J0642
		J0894	J1442	J1447	J1448
		J1950	J1952	J2506	J2820
		J2860	J9000	J9015	J9017
		J9019	J9020	J9021	J9022
		J9023	J9025	J9027	J9030
		J9032	J9033	J9034	J9035
		J9036	J9037	J9039	J9040
		J9041	J9042	J9043	J9044
		J9045	J9047	J9050	J9055
		J9057	J9060	J9061	J9065
		J9070	J9071	J9098	J9100
		J9118	J9119	J9120	J9130
		J9144	J9145	J9150	J9151
		J9153	J9155	J9160	J9165
		J9171	J9173	J9175	J9176
		J9177	J9178	J9179	J9181
		J9185	J9190	J9198	J9200
		J9201	J9202	J9203	J9204
		J9205	J9206	J9207	J9208
J9209	J9210	J9211	J9212		
J9213	J9214	J9215	J9216		
J9217	J9218	J9219	J9223		
J9225	J9226	J9227	J9228		
J9229	J9230	J9245	J9246		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy (continued)</b>		J9247	J9250	J9260	J9261
		J9262	J9263	J9264	J9266
		J9267	J9268	J9269	J9270
		J9271	J9272	J9273	J9280
		J9281	J9285	J9293	J9295
		J9299	J9301	J9302	J9303
		J9304	J9305	J9306	J9307
		J9308	J9309	J9311	J9312
		J9313	J9315	J9316	J9317
		J9318	J9319	J9320	J9325
		J9328	J9330	J9331*	J9332*
		J9340	J9348	J9349	J9351
		J9352	J9353	J9354	J9355
		J9356	J9357	J9358	J9359
		J9360	J9370	J9371	J9390
		J9395	J9400	J9600	J9999
		Q2017	Q2043	Q2050	Q2055
		Q5101	Q5107	Q5108	Q5110
		Q5111	Q5112	Q5113	Q5114
		Q5115	Q5116	Q5117	Q5118
	Q5119	Q5123			
		*Effective 10/01/2022			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	<b>Cochlear Implants and Other Auditory Implants Regardless of Cost</b>			
A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech		L8615	L8616	L8617	L8618
		<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	
<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	33722	33724
		33726	33730	33732	33735
		33736	33737	33750	33755

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Congenital Heart Disease (continued)</b> Congenital heart disease-related services, including pre-treatment evaluation		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	93531	93532	93533
		93561	93562	93581	
<b>Continuous Glucose Monitoring</b>	Prior authorization required	<b>Continuous Glucose Monitoring Regardless of Cost</b> K0554			
		<b>Continuous Glucose Monitoring with a billed amount or cumulative rental cost of more than \$500</b>			
		95250	95251	A9276	A9277
		A9278	K0553		
<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			
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	A5500	A5501	A5503	A5504
		A5505	A5506	A5508	A5510
		A5512	A5513	A5514	E0565
		E0720	E0730	E0731	E0958
		E1014	E1016	E2207	E2366
		E2367	E2368	E2369	
		<b>DME with a billed amount or cumulative rental cost of more than \$500</b>			
		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



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable Medical Equipment (DME)</b> (continued)		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
		E2227	E2228	E2230	E2231
		E2291	E2292	E2293	E2294
		E2295	E2300	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	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable Medical Equipment (DME) (continued)</b>		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	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
		L6000	L6010	L6020	L6026
		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	
	L6638	L6686	L6689	L6690	
	L6693	L6694	L6696	L6697	

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable Medical Equipment (DME) (continued)</b>		L6707	L6708	L6709	L6712
		L6713	L6714	L6721	L6722
		L6883	L6900	L6905	L6910
		L6915	L6920	L6930	L6940
		L6950	L6960	L6970	L7040
		L8041	L8042	L8043	L8044
		L8045	L8046	L8500	L8691
		L8694	S1040	S8189	S9435
		V2623	V2627		
<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
<b>Functional Endoscopic Sinus Surgery (FESS)</b>	Prior authorization required	31237 31254 31259 31288	31239 31255 31267	31240 31256 31276	31253 31257 31287
<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 15734 53410 54660 55180 56810 58720 64896	14000 15738 53430 54690 56625 57110 58940 90785	14001 15750 54125 55150 56800 57425 64856 96372	14041 31750 54520 55175 56805 58661 64892
<b>Gender Reassignment</b>	Prior authorization required	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 Gene Testing</b>			
		81162	81163	81164	81165
		81166	81212	81216	81432
		81433			
	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	<b>Genetic Testing</b>			
		81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81167	81168
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and Molecular Testing to include BRCA gene testing (continued)</b>	Program for each specified genetic test.	81190	81191	81192	81193
	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.	81194	81200	81201	81203
		81204	81205	81208	81209
		81218	81220	81222	81223
		81224	81225	81226	81227
		81228	81229	81230	81231
		81232	81233	81234	81236
		81237	81238	81239	81240
		81241	81242	81243	81244
		81245	81246	81247	81248
		81249	81250	81251	81252
		81253	81254	81255	81256
		81257	81258	81259	81260
		81261	81262	81263	81264
		81265	81266	81267	81268
		81269	81271	81272	81273
		81274	81276	81277	81278
		81279	81283	81284	81285
		81286	81287	81288	81289
		81290	81291	81292	81294
		81295	81297	81298	81300
		81302	81303	81304	81305
		81306	81307	81309	81310
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81327
		81328	81329	81330	81331
		81332	81333	81334	81335
		81336	81337	81338	81339
		81340	81341	81342	81343
		81344	81345	81346	81347
		81348	81349	81350	81351
		81352	81353	81355	81357
		81360	81361	81362	81363
		81364	81370	81371	81372
		81373	81375	81376	81377
		81378	81379	81380	81381
		81382	81383	81400	81401
		81403	81404	81405	81406
81407	81408	81410	81411		
81412	81413	81414	81415		
81416	81417	81419	81430		
81431	81434	81435	81436		
81437	81438	81439	81440		
81442	81443	81445	81448		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and Molecular Testing to include BRCA gene testing (continued)</b>		81460	81465	81470	81471
		81479	81518	81519	81520
		81521	81522	81523	81554
		81595	81599	87481	87482
		87505	87506	87507	87510
		87511	87512	87623	87797
		87798	87799	87800	87801
		0001U	0004M	0006M	0007M
		0012U	0013U	0014U	0016U
		0017U	0018U	0022U	0023U
		0026U	0027U	0030U	0031U
		0032U	0033U	0034U	0040U
		0046U	0049U	0055U	0068U
		0070U	0071U	0072U	0073U
		0074U	0075U	0076U	0084U
		0087U	0088U	0097U	0111U
		0129U	0136U	0137U	0154U
		0155U	0157U	0158U	0159U
		0160U	0161U	0168U	0169U
		0170U	0171U	0172U	0173U
		0175U	0177U	0179U	0180U
		0181U	0182U	0183U	0184U
		0185U	0186U	0187U	0188U
		0189U	0190U	0191U	0192U
		0193U	0194U	0195U	0196U
		0197U	0198U	0199U	0200U
		0201U	0203U	0205U	0209U
		0214U	0215U	0216U	0217U
		0218U	0221U	0222U	0229U
		0230U	0231U	0232U	0234U
		0235U	0236U	0237U	0238U
		0245U	0246U	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	S3870
		S3870			
<b>Hearing</b>	Prior authorization required	V5014	V5050	V5060	V5130
		V5140	V5261	V5264	V5267
<b>Heart</b>	Prior authorization required	33266			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Home Health</b>	Prior authorization required	99344	99345	99350	G0155	
		G0156	G0162	G0164	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
T2042	T2045					
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260	
		58262	58263	58267	58270	
		58275	58280	58285	58290	
		58291	58292	58294	58541	
		58542	58543	58544	58550	
		58552	58553	58554	58570	
		58571	58572	58573		
<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>				
		J0800				
		<b>Adakveo®</b>				
		J0791				
		<b>Aldurazyme®</b>				
		J1931				
		<b>Apokyn®</b>				
		J0364				
		<b>Apretude</b>				
		J0739				
		<b>Aralast NP®, Prolastin-C®, Zemaira®</b>				
		J0256				
		<b>Aranesp®</b>				
J0881						
<b>Arixtra®, Fondaparinux</b>						
J1652						
<b>Atgam®</b>						

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<p>J7504</p> <p><b>Atryn®</b></p> <p>J7196</p> <p><b>Avastin®</b></p> <p>J9035</p> <p><b>Azedra®</b></p> <p>A9590</p> <p><b>Benlysta</b></p> <p>J0490</p> <p><b>Beovu®</b></p> <p>J0179</p> <p><b>Beriner®</b></p> <p>J0597</p> <p><b>Boniva®, Ibandronate</b></p> <p>J1740</p> <p><b>Botox®</b></p> <p>J0585</p> <p><b>Brineura®</b></p> <p>J0567</p> <p><b>Bynfezia™ Pen, Octreotide Acetate, Sandostatin®</b></p> <p>J2354</p> <p><b>Ceprotrin®</b></p> <p>J2724</p> <p><b>Cerezyme®</b></p> <p>J1786</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>Crysvita®</b></p> <p>J0584</p> <p><b>Cutaquig®</b></p> <p>J1551</p> <p><b>Cytogam®</b></p> <p>J0850</p> <p><b>Deferoxamine Mesylate, Desferal®</b></p> <p>J0895</p> <p><b>Dysport®</b></p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Injectable medications (continued)</b>		<p>J0586</p> <p><b>Elaprase®</b></p> <p>J1743</p> <p><b>Elelyso®</b></p> <p>J3060</p> <p><b>Enjaymo™ – Eff 10/01/22</b></p> <p>J1302</p> <p><b>Enoxaparin, Lovenox®</b></p> <p>J1650</p> <p><b>Entyvio®</b></p> <p>J3380</p> <p><b>Epoprostenol, Flolan®, Veletri®</b></p> <p>J1325</p> <p><b>Ethylol®</b></p> <p>J0207</p> <p><b>Euflexxa™</b></p> <p>J7323</p> <p><b>Evenity™</b></p> <p>J3111</p> <p><b>Exondys 51™</b></p> <p>J1428</p> <p><b>Eylea®</b></p> <p>J0178</p> <p><b>Fabrazyme®</b></p> <p>J0180</p> <p><b>Fasenra™</b></p> <p>J0517</p> <p><b>Fensolvi®</b></p> <p>J1951</p> <p><b>Feraheme®</b></p> <p>Q0138      Q0139</p> <p><b>Firmagon®</b></p> <p>J9155</p> <p><b>Fragmin®</b></p> <p>J1645</p> <p><b>Fulphila®</b></p> <p>Q5108</p> <p><b>GamaSTAN®, GamaSTAN S/D®</b></p> <p>J1460</p> <p><b>Givlaari®</b></p> <p>J0223</p>



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Glassia®</b>				
	J0257				
	<b>Granix®</b>				
	J1447				
	<b>Hyalgan®, Supartz®</b>				
	J7321				
	<b>Hydroxyprogesterone Caproate (generic Delalutin®)</b>				
	J1729				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya®</b>				
	J3245				
	<b>Iluvien®</b>				
	J7313				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	J1459	J1555	J1556	J1557	
	J1559	J1561	J1566	J1568	
	J1569	J1572	J1575	J1599	
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Kepivance®</b>				
	J2425				
	<b>Korsuva – Eff 10/01/22</b>				
	J0879				
<b>Lemtrada®</b>					
J0202					
<b>Leukine®</b>					
J2820					
<b>Leqvio™</b>					
J1306					
<b>Lucentis®</b>					
J2778					
<b>Lumizyme®</b>					
J0221					
<b>Lupron Depot, Eligard®</b>					
J9217					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		Lupron Depot®, Lupron Depot-PED®
		J1950
		Lutathera®
		A9513
		Luxturna™
		J3398
		Macugen®
		J2503
		Makena® / Hydroxyprogesterone Caproate
		J1726
		Mepsevii®
		J3397
		Mircera®
		J0888
		Mozobil®
		J2562
		Myobloc®
		J0587
		Naglazyme®
		J1458
		Neulasta®
		J2506
		Neupogen®
		J1442
		Nexviazyme®
		J0219
		Nivestym®
		Q5110
		Nplate®
		J2796
		Nucala®
		J2182
		NuloJix®
		J0485
		Ocrevus™
		J2350
		Onpattro™
		J0222
		Orencia®
		J0129

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<b>Orthovisc®</b> J7324 <b>Oxlumo™</b> J0224 <b>Ozurdex®</b> J7312 <b>Panhematin®</b> J1640 <b>Parsabiv™</b> J0606 <b>Procrit®, Epogen®</b> J0885 <b>Prolia®, Xgeva®</b> J0897 <b>Radicava®</b> J1301 <b>Reblozyl®</b> J0896 <b>Reclast®, Zoledronic Acid</b> J3489 <b>Releuko® - Eff 10/01/22</b> Q5125 <b>Remicade®</b> J1745 <b>Remodulin®, Treprostinil</b> J3285 <b>Retisert®</b> J7311 <b>Rituxan®</b> J9312 <b>Ruconest®</b> J0596 <b>Ryplazim®</b> J2998 <b>Sandostatin LAR® Depot</b> J2353 <b>Saphnelo™</b> J0491 <b>Signifor® LAR</b> J2502 <b>Simponi Aria®</b>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J1602 <b>Simulect®</b> J0480 <b>Soliris®</b> J1300 <b>Somatuline® Depot</b> J1930 <b>Spinraza™</b> J2326 <b>Stelara® (IV use)</b> J3358 <b>Supprelin® LA</b> J9226  <b>Synagis®</b> 90378 <b>Tezspire™ – Eff 10/01/22</b> J2356 <b>Thrombate® III</b> J7197 <b>Thymoglobulin®</b> J7511 <b>Thyrogen®</b> J3240 <b>Trelstar®</b> J3315 <b>Triptodur™</b> J3316 <b>Trogarzo™</b> J1746 <b>Truxima®</b> Q5115 <b>Tysabri®</b> J2323 <b>Udenyca®</b> Q5111 <b>Ultomiris®</b> J1303 <b>Vantas™</b> J9225  <b>Vibativ®</b> J3095

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Vimizim®</b>				
		J1322			
	<b>Visudyne®</b>				
		J3396			
	<b>VPRIV®</b>				
		J3385			
	<b>Vyondys 53®</b>				
		J1429			
	<b>Vyvgart®</b>				
		J9332			
	<b>Xeomin®</b>				
		J0588			
	<b>Xiaflex</b>				
		J0775			
	<b>Xofigo®</b>				
		A9606			
	<b>Xolair®</b>				
		J2357			
	<b>Zarxio®</b>				
		Q5101			
	<b>Zilretta®</b>				
		J3304			
	<b>Zinplava™</b>				
		J0565			
	<b>Zoladex®</b>				
		J9202			
		<b>Zolgensma®</b>			
	J3399				
	<b>Other injectable medications requiring prior authorization</b>				
	A9699	J0122	J0275	J0291	
	J0470	J0475	J0725	J0740	
	J0743	J0770	J0875	J0878	
	J0882	J0887	J1071	J1190	
	J1212	J1335	J1430	J1455	
	J1750	J1756	J1833	J1943	
	J1944	J1953	J1955	J2020	
	J2248	J2260	J2274	J2278	
	J2358	J2407	J2426	J2430	
	J2545	J2597	J2770	J2791	
	J2794	J2798	J3090	J3243	
	J3486	J7308	J7314	J7340	
	J7501	J7525			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.			
<b>Injectable medications- Unclassified or temporary codes</b>	Prior authorization required**	C9090* J3590*	C9094*	C9399*	J3490*
		*For Unclassified or temporary codes, C9090, C9094, C9399, J3490 and J3590 prior authorization is only required for Amondys 45, Lupaneta Pack™, Monoferric®, Nulibry™, Purified Cortrophin™ Gel Revcovi, Scenesse®, Spravato™, Tepezza®, Uplizna™, Voraxaze®, Vyepiti™, and Zulresso™ <b>Effective 10/01/22</b> - For codes J3490, J3590 prior authorization required for Fylnetra®.			
		**For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.			
<b>Injection Arthrogram</b>	Prior authorization required	27096			
<b>Intensity modulated radiation therapy (IMRT)</b>	Prior authorization required	77385	77386	G6015	G6016
<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
		97533	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>Orthognathic Surgery</b>	Prior authorization required	21010	21050	21060	21116
Treatment of maxillofacial functional impairment		21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21243	21244

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic Surgery (continued)		21245	21246	21247	21248
		21249	21255	21296	

Orthotics and Prosthetics	Prior authorization required	Orthotics and Prosthetics Regardless of Cost			
		L0220	L0452	L0622	L2387
		L2520	L2755	L3806	L3905
		L3913	L3933	L4030	L5673
		L5679	L5704	L5976	L6611
		L6615	L6616	L6620	L6629
		L6895	L8629		
		Orthotics and Prosthetics with a billed amount or cumulative rental cost of more than \$500			
		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and Prosthetics (continued)</b>		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
		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

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Potentially Cosmetic (continued)</b>		30450	30460	30462	30465	
		30540	30545	30560	30620	
		31295	31296	31297	31298	
		54400	54401	54405	67900	
		67901	67902	67903	67904	
		67906	67908	67909	67911	
		67912	67914	67915	67916	
		67917	67921	67922	67923	
		67924	67950	67961	67966	
<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	52441	52442	55866	
		55874				
		<b>Cryosurgical Ablation of Prostate</b>				
		55873				
		<b>Prostate Microwave</b>				
		53850	53852			
<b>Proton Beam Therapy</b>	Prior authorization required	77522	77525			
Focused radiation therapy using beams of protons						
<b>Pulmonary</b>	Prior authorization required	32491				
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:		70336	70450	70460	70470
			70480	70481	70482	70486
			70487	70488	70490	70491
		• Certain CT, MRI, MRA and PET scans	70492	70496	70498	70540
			70542	70543	70544	70545
		• Nuclear medicine and nuclear cardiology procedures	70546	70547	70548	70549
			70551	70552	70553	70555
			71250	71260	71270	71271
			71275	71550	71551	71552
			71555	72125	72126	72127
			72128	72129	72130	72131
			72132	72133	72141	72142
			72146	72147	72148	72149
			72156	72157	72158	72159
			72191	72192	72193	72194
			72195	72196	72197	72198
			73200	73201	73202	73206
			73218	73219	73220	73221
			73222	73223	73225	73700
			73701	73702	73706	73718
	73719	73720	73721	73722		
	73723	73725	74150	74160		
	74170	74174	74175	74176		

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiology (continued)</b>		74177	74178	74181	74182
		74183	74185	74261	74262
		74712	74713	75557	75559
		75561	75563	75571	75572
		75573	75574	75635	76376
		76377	76380	76390	76391
		76497	76498	77021	77046
		77047	77048	77049	77084
		78012	78013	78014	78015
		78016	78018	78070	78071
		78072	78075	78099	78102
		78103	78104	78185	78195
		78199	78201	78202	78215
		78216	78226	78227	78230
		78231	78232	78258	78261
		78262	78264	78265	78266
		78278	78282	78290	78291
		78299	78300	78305	78306
		78315	78399	78428	78429
		78430	78431	78432	78433
		78445	78451	78452	78453
		78454	78456	78457	78458
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78496
		78499	78579	78580	78582
		78597	78598	78599	78600
		78601	78605	78606	78608
		78609	78610	78630	78635
		78645	78650	78660	78699
		78700	78701	78707	78708
		78709	78740	78761	78799
		78800	78801	78802	78803
		78804	78811	78812	78813
		78814	78815	78816	78830
		78831	78832	78999	0697T
		0698T	0710T	0711T	0712T
		0713T	C8900	C8901	C8902
		C8903	C8904	C8905	C8906
		C8907	C8908	C8909	C8910
		C8911	C8912	C8913	C8914
		C8918	C8919	C8920	C8931
		C8932	C8933	C8934	C8935
		C8936	G0235	G0252	S8037
		S8042	S8085	S8092	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Radiology (continued)**

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 **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, call **866-889-8054**.

<b>Shoulder</b>	Prior authorization required	23412			
<b>Sleep Apnea Procedures &amp; Surgeries</b>	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>	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>	95811			
<b>Spinal Cord Stimulator</b>	Prior authorization required	63650	63655	63661	63662
Spinal cord stimulators when implanted for pain management		63663	63664	63685	63688
<b>Spine Surgery</b>	Prior authorization required	20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22513	22514	22515
		22532	22533	22534	22548
		22551	22552	22554	22556
		22558	22585	22586	22590
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22840	22841
		22842	22843	22844	22845

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spine Surgery (continued)</b>		22846	22847	22848	22849
		22850	22852	22853	22854
		22855	22856	22857	22858
		22859	22861	22862	22864
		22865	27279	27280	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63043
		63044	63045	63046	63047
		63048	63050	63051	63055
		63056	63057	63064	63066
		63075	63076	63077	63078
		63081	63082	63085	63086
		63087	63088	63090	63091
		63101	63102	63103	63170
		63172	63173	63185	63190
		63191	63197	63200	63250
		63251	63252	63265	63266
		63267	63268	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	15819	15824	15825
<b>Surgery – Integumentary (continued)</b>		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>	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 Maralucecel), 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.			
Organ or tissue transplant or transplant related services before pre-treatment or evaluation		32851	32852	32853	32854

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplant (continued)</b>		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	S2053	S2054
		S2060	S2065	S2140	S2142
		S2150			
		<b>CAR-T</b>			
		C9098**	J3490*	J3590	J9999
		Q2041	Q2042	Q2053	
	J3590*	J9999**			
		*For unclassified codes J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®			
		**For codes C9098/J9999 Prior authorization will be required for Carvykti			
<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	37760
		37761	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			