

# Prior authorization requirements for Minnesota Medicaid

Effective January 1, 2024

## General information

This list also includes Senior Care Options, Senior Care Plus, Special Needs Basic Care, Long Term Services and Support prior authorization requirements for UnitedHealthcare Community Plan of Minnesota participating health care professionals providing inpatient and outpatient services.

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

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Phone:** Call **877-440-9946**

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

Prior authorization: Request 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 required 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>Bariatric</b>	Prior authorization required There is a Centers 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	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health services</b>	Prior authorization required. Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979	E0760	
<b>Breast cancer (BRCA) genetic testing</b>	Prior authorization required	81162 81432	81163 81433	81164	81212
<b>Breast reconstruction</b>	Prior authorization	19316	19318	19325	19328

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>(non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	required	19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
<b>Cancer supportive care</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis <i>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology DX. See Injectable medications section below.</i>	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b>			
<b>Bio similar (Zarxio®)</b>		Q5101*			
<b>Filgrastim (Neupogen®)</b>		J1442*			
<b>Filgrastim-aafi (Nivestym™)</b>		Q5110*			
<b>Pegfilgrastim-apgf, biosimilar (Nyvepria®)</b>		Q5122*			
<b>Pegfilgrastim (Neulasta®)</b>		J2506*			
<b>Pegfilgrastim-bmez (Ziextenzo®)</b>		Q5120*			
<b>Pegfilgrastim-cbqv (UDENYCA™)</b>		Q5111*			
<b>Pegfilgrastim-jmdb (Fulphila™)</b>		Q5108*			
<b>Tbo-filgrastim (Granix®)</b>		J1447*			
<b>Filgrastim-ayow (Releuko®)</b>		Q5125*			
		<b><u>Antiemetic drug:</u></b>			
		J1456			
		<b><u>Colony Stimulating Factors</u></b>			
		J1449			
	<b><u>Erythropoiesis Stimulating Agents</u></b>				
	J0885				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiology</b>	<p>Prior authorization required for participating physicians for inpatient, outpatient, and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, and stress echocardiograms prior to performance</p>	<p>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> and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit Minnesota's <a href="#">Cardiology Prior Authorization and Notification Program</a>.</p>			
<b>Cardiovascular</b>	Prior authorization required	37220 37226 37230	37221 37227 37231	37224 37228 93580	37225 37229
<b>Cartilage implants</b>	Prior authorization required	27415	27416		
<b>Cerebral seizure monitoring – inpatient video electroencephalogram EEG</b>	<p>Prior authorization required for inpatient services</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center</p>	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p><b>Injectable chemotherapy drugs that require prior authorization:</b></p> <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> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, you can call <b>888-397-8129</b>.</p>			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Chiropractic</b>	Prior authorization required
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<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692

<b>Cognitive rehabilitation</b>	Prior authorization required	H2012
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<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	11971	14020*	14021*
		14041	14060	14061*	14301
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
		31299	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
		67961	67966	Q2026	

\*will NOT require prior auth when billed with skin cancer diagnoses

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Cosmetic and reconstructive (cont.)</b>		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>Durable medical equipment (DME)</b>	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
			E0265	E0266	E0270	E0277
			E0300	E0328	E0329	E0445
			E0457	E0465	E0466	E0470
E0471			E0483	E0486	E0620	
Prosthetics are not DME		E0636	E0637	E0652	E0656	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>	– see orthotics and prosthetics	E0669	E0670	E0675	E0693
		E0694	E0700	E0710	E0745
		E0762	E0764	E0766	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030
		E1035	E1036	E1130	E1161
		E1229	E1231	E1232	E1233
		E1234	E1235	E1236	E1237
		E1238	E1239	E1825	E2100
		E2227	E2228	E2230	E2300
		E2301	E2310	E2311	E2312
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2609
		E2617	E2626	E2627	E2628
		E2629	E2630	E8000	E8001
		E8002	K0005	K0008	K0013
		K0108	K0812	K0830	K0831
		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	T1999		
T5999	V2786	V5269	V5270		
V5271	V5272	V5274	V5281		
V5282	V5283	V5286	V5287		
V5288	V5290				
<b>Enteral services</b>	Prior authorization required	B9002	B9998		
<b>Experimental and investigational and/or linked services</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	A4638
		A6000	A9274	E0231	E1831
		S0810	S1030	S1031	S2102
		S9988	S9990	S9991	
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Gender dysphoria treatment</b>	Prior authorization required	14000	14001	14040	14302
		15734	15738	15750	15757
		15758	19303	53410	53430
		54125	54520	54660	54690
		55175	55180	55970	55980
		56625	56800	56805	57110
		57335	58661	58720	58940
		64856	64892	64896	
<b>Genetic and molecular testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting Health care professionals 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.	81228	81229	81277	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81415
		81416	81417	81420	81431
		81435	81436	81445	81448
		81460	81465	81479	81507
		81518	81519	81520	81521
		81522	81546	81599	87505
		87506	87507	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			
<b>Home health care</b>	Prior authorization required	G0299	G0300	G0493	G0494
		G0495	G0496	S9474	
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
		58263	58267	58270	58290
		58291	58292	58541	58542
		58543	58544	58550	58552
		58553	58554	58570	58571

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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58572 58573

<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>					
		J3262					
		<b>Acthar®</b>					
		J0801					
		<b>Adakveo®</b>					
		J0791					
		<b>Aduhelm®</b>					
		J0172					
		<b>Aldurazyme</b>					
		J1931					
		<b>Amvuttra™</b>					
		J0225					
		<b>Apretude™</b>					
		J0739					
		<b>Aralast NP, Prolastin-C, Zemaira</b>					
		J0256					
		<b>Asceniv</b>					
		J1554					
		<b>Avsola™</b>					
		Q5121					
		<b>Benlysta</b>					
		J0490					
		<b>Berinert</b>					
		J0597					
		<b>Botulinum Toxins</b>					
		J0585	J0586	J0587	J0588		
		<b>Brineura™</b>					
		J0567					
<b>Briumvi®</b>							
J2329							
<b>Cabenuva™</b>							
J0741							
<b>Cerezyme®</b>							
J1786							
<b>Cimzia®*</b>							
J0717							
<b>Cinqair®</b>							
J2786							
<b>Cinryze®</b>							
J0598							
<b>Cortrophin Gel®</b>							

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 PCA-5-23-01819-POE-WEB\_07132023





Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J0802
	<b>Crysvita®</b>	
		J0584
	<b>Cutaquig®</b>	
		J1551
	<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>Erythropoiesis-Stimulating Agents</b>	
		J0885
	<b>Eventy</b>	
		J3111
	<b>Exondys-51</b>	
		J1428
	<b>Fabrazyme®</b>	
		J0180
	<b>Fasenra®</b>	
		J0517
	<b>Fensolvi®</b>	
		J1951
	<b>Feraheme®</b>	
		Q0138
	<b>Firmagon®</b>	
	J9155	
<b>Fylintra®</b>		
	Q5130	
<b>Gamifant®</b>		
	J9210	
<b>Givlaari®</b>		
	J0223	
<b>Glassia®</b>		
	J0257	
<b>Hemgenix®</b>		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J1411				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya®</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90283		90284	J1459	J1555
	J1556		J1557	J1559	J1561
	J1566		J1568	J1569	J1572
	J1575		J1576	J1599	
	<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>Lumizyme®</b>				
	J0221				
	<b>Lupron Depot®</b>				
J1950					
<b>Lupron Depot, Eligard®</b>					
J9217					
<b>Luxturna™</b>					
J3398					
<b>Makena®/17P</b>					
J1729		J2675			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization	
<b>Injectable medications (cont.)</b>	<b>Mepsevii®</b>		
	J3397		
	<b>Monoferric®</b>		
	J1437		
	<b>Naglazyme®</b>		
	J1458		
	<b>Nexviazyme®</b>		
	J0219		
	<b>Nplate®</b>		
	J2796		
	<b>Nucala®</b>		
	J2182		
	<b>Ocrevus™</b>		
	J2350		
	<b>Onpattro®</b>		
	J0222		
	<b>Orencia®</b>		
	J0129		
	<b>Oxlumo™</b>		
	J0224		
	<b>Parsabiv™</b>		
	J0606		
	<b>Prolia®</b>		
	J0897		
	<b>Qalsody™</b>		
	J1304		
	<b>Radicava®</b>		
	J1301		
	<b>Radiopharmaceuticals</b>		
	A9513	A9606	A9699
	<b>Reblozyl®</b>		
	J0896		
<b>Releuko®</b>			
Q5125			
<b>Remicade®</b>			
J1745			
<b>Renflexis®</b>			
Q5104			
<b>Riabni™</b>			
Q5123			
<b>Rituxan®</b>			
J9312			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Roctavian™</b>				
	J1412				
	<b>Rolvedon®</b>				
	J1449				
	<b>Ruconest®</b>				
	J0596				
	<b>Ruxience®</b>				
	Q5119				
	<b>Ryplazim™</b>				
	J2998				
	<b>Rystiggo™</b>				
	J9333				
	<b>Sandostatin®</b>				
	J2354				
	<b>Sandostatin® LAR</b>				
	J2353				
	<b>Saphnelo®</b>				
	J0491				
	<b>Scenesse®</b>				
	J7352				
	<b>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Skyrizi®</b>				
	J2327				
	<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329		
J7331	J7332				
<b>Soliris®</b>					
J1300					
<b>Somatuline® Depot</b>					
J1930					
<b>Spevigo®</b>					
J1747					
<b>Spinraza®</b>					
J2326					
<b>Spravato®</b>					
S0013					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	<b>Stelara®</b>				
	J3358				
	<b>Stimufend®</b>				
	Q5127				
	<b>Sunlenca®</b>				
	J1961				
	<b>Supprelin® LA</b>				
	J9226				
	<b>Syfovre®</b>				
	J2781				
	<b>Synagis®**</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Therapeutic Radiopharmaceuticals</b>				
	A9607				
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Trogarzo®</b>				
	J1746				
	<b>Truxima®</b>				
	Q5115				
	<b>Tzield®</b>				
	J9381				
	<b>Ultomiris®</b>				
	J1303				
	<b>Unclassified Codes*</b>				
	C9090	C9149	C9151	C9157	
	C9160	C9162	C9399	J3490	
	J3590				
	<b>Uplizna™</b>				
	J1823				
	<b>VEGF</b>				
J0178	J0179	J2777	J2778		
J2779	Q5124	Q5128			
<b>Viltepso®</b>					
J1427					
<b>Vimizim®</b>					
J1322					
<b>Vyepti®</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Injectable medications (cont.)</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	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		<b>Xenpozyme®</b>			
		J0218			
	<b>Xolair®*</b>				
	J2357				
	<b>Zoladex®</b>				
	J9202				
	<b>Zolgensma®</b>				
	J3399				
<p>Please check our <a href="#">Radiology Prior Authorization and Notification Program</a>.</p> <p>*For unclassified and temporary codes C9077, C9090, C9149, C9151, C9157, C9160, C9162, J3490 and J3590, prior authorization is only required for Amondys 45, Daxxify, Evkeeza, Izervay, Nulibry, Revcovi, Vabysmo, Veopoz</p> <p>** Please obtain prior notification for Cimzia, Synagis and Xolair through OptumRx prior notifications services at <b>800-310-6826</b>.</p> <p>*** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="#">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select Prior Authorization and Notification on your dashboard. Or you can call 888-397-8129.</p>					

<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2122	
<b>Musculoskeletal</b>	Prior authorization required	23470	23472	23473	23474
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	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	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthopedic surgeries</b>	Prior authorization required	24365	25441	25442	25444
		25446	25449	27700	29834
		29837	29838	29840	29844
		29845	29846	29847	29891
		29892	29894	29895	29897
		29898	29899		
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1830	L1831
		L1832	L1834	L1836	L1840
		L1844	L1845	L1846	L1847
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2128	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	L3265	L3649	L3671
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
L4000	L4010	L4020	L5010		
L5020	L5050	L5060	L5100		
L5105	L5150	L5160	L5200		
L5210	L5220	L5230	L5250		
L5270	L5280	L5301	L5312		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	L5653	L5661	L5673
		L5682	L5683	L5700	L5702
		L5703	L5705	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5782	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		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	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
	L6950	L6955	L6960	L6965	
	L6970	L6975	L7007	L7008	
	L7009	L7040	L7045	L7170	
	L7180	L7181	L7185	L7186	
	L7190	L7191	L7405	L8040	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8609
		L8610	L8612	L8631	L8659
<b>Pain management</b>	Prior authorization required	62350 62362	62351	62360	62361
<b>Prostate procedures</b>	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
<b>Radiation therapy</b>	Prior authorization required	77520	77522	77523	77525
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> </ul> <p>Nuclear medicine and nuclear cardiology procedures</p>	<p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://uhcprovider.com">UHCprovider.com</a> and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your portal dashboard, Or you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="#">Radiology Prior Authorization and Notification Program</a>.</p>			
<b>Rhinoplasty</b>	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Shoulder surgery</b>	Prior authorization required	29805 29820 29825	29806 29822 29826	29807 29823 29827	29819 29824 29828
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Spinal surgery</b>	Prior authorization required	20930	20931	20939	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
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22854	22855	22856	22858
		22861	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0098T

<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8683	L8685	L8686
L8687	L8688				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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<b>Transplants</b>	Prior authorization required	For transplant and CAR-T-cell therapy services including
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Abecma® (Idecaptagene Cicleucel), Breyanzi®, (Lisocabtagene Maralucecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at **888-936-7246** or the notification number on the back of the member's health plan ID card.

32850	32851	32852	32853
32854	32855	32856	33930
33933	33935	33940	33944
33945	38208	38209	38210
38212	38213	38214	38215
38232	38240	38241	38242
44132	44133	44135	44136
44137	44715	44720	44721
47133	47135	47140	47141
47142	47143	47144	47145
47146	47147	48551	48552
48554	50300	50320	50323
50325	50340	50360	50365
50370	50547	0537T	0538T
0539T	0540T	S2060	S2061
S2152			
CAR T-cell therapy			
J3490	J9999	Q2041	Q2042
Q2053	Q2055	Q2056	
Gene therapy			
C9399	J3490	J3590	

<b>Vein procedures</b>	Prior authorization 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	37799	

<b>Ventricular assist devices (VAD)</b>	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			
A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509

<b>Wound vac</b>	Prior authorization required	E2402			
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