

# Prior Authorization Requirements for Minnesota Metro Medicaid

Effective June 1, 2023

## General information

This list also includes Senior Care Options, Senior Care Plus, Special Needs Basic Care, LTSS prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Minnesota 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 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.
- **Phone:** 877-440-9946

**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: 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	43644	43645	43659	43770
		43775	43842	43845	43846
	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	43847	43848	43860	
<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>BRCA genetic testing</b>	Prior authorization required	81162	81163	81164	81165
		81166	81167	81212	81215
		81216	81217	81432	81433

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
<b>Cancer supportive care</b>	Prior authorization 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>Cardiology</b>	Prior authorization required for participating physicians for inpatient, outpatient, and office-based electrophysiology implants prior to performance  Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, and stress echocardiograms prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="http://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, call <b>866-889-8054</b> .  For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/MNcommunityplan">UHCprovider.com/MNcommunityplan</a> > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program			
<b>Cardiovascular</b>	Prior authorization required	37220	37221	37224	37225

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		37226 37230	37227 37231	37228 93580	37229
<b>Cartilage implants</b>	Prior authorization required	27415	27416		
<b>Cerebral seizure monitoring – inpatient video electroencephalogram EEG</b>	Prior authorization required for inpatient services Prior authorization is not required for outpatient hospital or ambulatory surgical center	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code</li> </ul> Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="http://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, call <b>888-397-8129</b> .			
<b>Chiropractic</b>	Prior authorization required				
<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 L8619	69714 L8690	69930 L8691	L8614 L8692
<b>Cognitive Rehabilitation</b>	Prior authorization required	H2012			
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960 14041 15820 15830	11971 14060 15821 15847	14020* 14061* 15822 15877	14021* 14301 15823 15878

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive (cont.)</b>	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	
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive (cont.)</b>		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
E0265			E0266	E0270	E0277
E0300			E0328	E0329	E0445
E0457			E0465	E0466	E0470
E0471			E0483	E0486	E0620
E0636			E0637	E0652	E0656
Prosthetics are not DME – 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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (cont.)</b>		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	
<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 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	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81168	81170
		81171	81172	81173	81174
		81175	81176	81177	81178
		81179	81180	81181	81182
		81183	81184	81185	81186
		81187	81188	81189	81190
		81191	81192	81193	81194
		81201	81203	81204	81208
		81218	81220	81222	81223
81224	81226	81228	81229		
81230	81231	81232	81233		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Genetic and molecular testing (cont.)</b>	Testing Prior Authorization/Notification Program for each specified genetic test.	81234	81236	81237	81238	
		81239	81240	81241	81243	
		81244	81245	81246	81247	
		81248	81249	81252	81253	
		Notification/prior authorization required for BRCA testing before DNA sequencing is performed.	81256	81257	81258	81259
			81261	81262	81263	81264
			81265	81266	81267	81268
			81269	81271	81272	81273
			81274	81276	81277	81278
		The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81279	81283	81284	81285
			81286	81287	81288	81289
			81292	81294	81295	81297
			81300	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	81350
			81351	81352	81353	81357
			81360	81361	81362	81363
			81364	81370	81371	81372
			81373	81375	81376	81377
			81378	81379	81380	81381
			81382	81383	81400	81401
			81402	81403	81404	81405
			81406	81407	81408	81410
			81411	81412	81415	81416
			81417	81419	81420	81430
			81431	81435	81436	81445
			81448	81460	81465	81470
			81471	81479	81507	81518
			81519	81520	81521	81522
			81546	81554	81599	87481
			87482	87505	87506	87507
			87510	87511	87512	87797
		87798	87799	87800	87801	
		0250U	0252U	0253U	0254U	
		0258U	0260U	0262U	0264U	
		0265U	0266U	0267U	0268U	
		0269U	0270U	0271U	0272U	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing (cont.)		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
<b>Hysterectomy</b>	Prior authorization required	G0495	G0496	S9474	
		58150	58152	58180	58260
		58263	58267	58270	58275
		58290	58291	58292	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b> J3262			
		<b>Acthar®</b> J0800			
		<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>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
<b>Injectable medications (cont.)</b>		J0567	
	<b>Cabenuva™</b>		
		J0741	
	<b>Cerezyme®</b>		
		J1786	
	<b>Cimzia®*</b>		
		J0717	
	<b>Cinqair®</b>		
		J2786	
	<b>Cinryze®</b>		
		J0598	
	<b>Crysvita®</b>		
		J0584	
	<b>Cutaquig®</b>		
		J1551	
	<b>Elaprase®</b>		
		J1743	
	<b>Elelyso®</b>		
		J3060	
	<b>Enjaymo®</b>		
		J1302	
	<b>Entyvio®</b>		
		J3380	
	<b>Erythropoiesis-Stimulating Agents</b>		
		J0885	
	<b>Evenity</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>Fynetra®</b>			
	Q5130		
<b>Gamifant®</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont.)</b>	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Glassia®</b>				
	J0257				
	<b>Hemgenix®</b>				
	J1411				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya®</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90283	90284	J1459	J1555	
	J1556	J1557	J1559	J1561	
	J1566	J1568	J1569	J1572	
	J1575	J1599			
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Korsuva®</b>				
	J0879				
	<b>Krystexxa®</b>				
	J2507				
	<b>Lanreotide™</b>				
	J1932				
<b>Lemtrada®</b>					
J0202					
<b>Leqvio®</b>					
J1306					
<b>Lumizyme®</b>					
J0221					
<b>Lupron Depot®</b>					
J1950					
<b>Lupron Depot, Eligard®</b>					
J9217					
<b>Luxturna™</b>					
J3398					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
<b>Injectable medications (cont.)</b>	<b>Makena®/17P</b>	J1729	J2675	
	<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>Probuphine</b>	J0570		
	<b>Prolia®</b>	J0897		
	<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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont.)</b>	<b>Rituxan®</b>				
	J9312				
	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Rolvedon®</b>				
	J1449				
	<b>Ruconest®</b>				
	J0596				
	<b>Ruxience®</b>				
	Q5119				
	<b>Ryplazim™</b>				
	J2998				
	<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					
<b>Stelara®</b>					
J3358					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)	<b>Stimufend®</b>	Q5127			
	<b>Sublocade®</b>	Q9991	Q9992		
	<b>Sunlenca®****</b>	J1961			
	<b>Supprelin® LA</b>	J9226			
	<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>Ultomiris®</b>	J1303			
	<b>Unclassified Codes*</b>	C9090	C9149	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>	J3032			
	<b>Vyondys 53®</b>	J1429			
	<b>Vyvgart™</b>	J9332			
	<b>White Blood Cell Colony Stimulating Factors</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont.)</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 <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at <a href="http://UHCprovider.com">UHCprovider.com</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>*For Unclassified and temporary codes C9077, C9090, C9149, J3490 and J3590, prior authorization is only required for Amondys 45, Evkeeza, Nulibry, Revcovi, Tzield, Vabysmo</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="http://UHCprovider.com">UHCprovider.com</a> 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> <p>****Code effective 7/1</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		
<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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic surgery (cont.)</b>		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
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
L5510	L5520	L5530	L5535		
L5540	L5560	L5570	L5580		
L5585	L5590	L5595	L5600		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont.)</b>		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	
	L8042	L8043	L8044	L8045	
	L8046	L8047	L8499	L8609	
	L8610	L8612	L8631	L8659	
<b>Pain management</b>	Prior authorization required	62350	62351	62360	62361
		62362			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
<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>Care providers 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 <b>UHCprovider.com</b> and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification 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/MNCommunityplan</b> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p>			
<b>Rhinoplasty</b>	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Shoulder surgery</b>	Prior authorization required	29805	29806	29807	29819
		29820	29822	29823	29824
		29825	29826	29827	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	22864	22865	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
63300	63301	63302	63303		
63304	63305	63306	63307		
63308	0095T	0098T	0164T		

<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	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			
<b>Transplants (cont.)</b>	required	<b>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.</b>			
		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			
		<b>CAR T-Cell Therapy</b>			
		J3490	J9999	Q2041	Q2042
		Q2053	Q2055	Q2056	
		<b>Gene Therapy</b>			
		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 <b>855-282-8929</b> .			
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			

