

# Prior Authorization Requirements for Nebraska Medicaid

Effective Jan. 1, 2023

## General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Nebraska 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. Go to [UHCprovider.com](https://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.
- **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.**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<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. <ul style="list-style-type: none"> <li>• For ABA Therapy, submit via fax or Provider Express</li> </ul>			
<b>Abortion</b>	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
		59866			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975			
<b>BRCA genetic testing</b>	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cancer supportive services</b>	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology DX. See <a href="#">Injectable medications</a> section below.</p>	<p><b>Injectable colony-stimulating factor drugs that require prior authorization:</b></p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Filgrastim-ayow, (Releuko®)</b> Q5125*</p> <p><b>Filgrastim-sndz (Zarxio®)</b> Q5101*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506*</p> <p><b>Pegfilgrastim-appgf (Nyvepria™)</b> Q5122*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Sargramostim (Leukine®)</b> J2820</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p> <p><b>Trilaciclib (Cosela™)</b> J1448</p> <p><b>Bone-modifying agent that requires prior authorization:</b></p> <p><b>Denosumab (Xgeva®)</b> J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tile on UnitedHealthcare Provider Portal. Go to <a href="https://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 <b>888-397-8129</b></p>			
<b>Cardiovascular</b>	Prior authorization required	37220* 37226* 37230*	37221* 37227* 37231*	37224* 37228* 93580**	37225* 37229*
*Prior authorization not required for the following diagnosis codes:		E08.52 E13.52 I70.228 I70.233	E09.52 I70.221 I70.229 I70.234	E10.52 I70.222 I70.231 I70.235	E11.52 I70.223 I70.232 I70.238

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		170.239	170.241	170.242	170.243
		170.244	170.245	170.248	170.249
		170.25	170.261	170.262	170.263
		170.268	170.269	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.421	170.422	170.423
		170.428	170.429	170.431	170.432
		170.433	170.434	170.435	170.438
		170.439	170.441	170.442	170.443
		170.444	170.445	170.448	170.449
		170.461	170.462	170.463	170.468
		170.469	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	170.621	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	170.721	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	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (continued)</b>		M86.20	M86.251	M86.252	M86.259	
		M86.261	M86.262	M86.269	M86.271	
		M86.272	M86.279	M86.28	M86.29	
		M86.30	M86.351	M86.352	M86.359	
		M86.361	M86.362	M86.369	M86.371	
		M86.372	M86.379	M86.38	M86.39	
		M86.40	M86.451	M86.452	M86.459	
		M86.461	M86.462	M86.469	M86.471	
		M86.472	M86.479	M86.48	M86.49	
		M86.50	M86.551	M86.552	M86.559	
		M86.561	M86.562	M86.571	M86.572	
		M86.579	M86.58	M86.59	M86.60	
		M86.651	M86.652	M86.659	M86.661	
		M86.662	M86.669	M86.671	M86.672	
		M86.679	M86.68	M86.69	M86.8X0	
		M86.8X5	M86.8X6	M86.8X7	M86.8X8	
		M86.8X9	M86.9	I96	L03.115	
		L03.116	Q27.30	Q27.32	Q27.39	
		Q27.8	Q27.9	Q87.2	S35.511A	
		S35.512A	T82.312A	T82.318A	T82.319A	
		T82.338A	T82.392A	T82.398A	T82.399A	
		T82.898A	I73.00	I73.01	I73.1	
		I73.81				
			** Applies to enrollees 18yrs and older			
	<b>Cerebral seizure monitoring – inpatient video EEG</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
		Prior authorization is not required for outpatient hospitals or ambulatory surgical centers	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	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952)</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> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call <b>888-397-8129</b></p>				
<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear with an external portion that helps persons	Prior authorization required	69710	69714	69930	L8614	
		L8619	L8690	L8691	L8692	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
with profound sensorineural deafness achieve conversational speech						
<b>Continuous Glucose Monitoring</b>	Prior authorization required	A4238	A4239	A9274	A9276	
		A9277	A9278	E0787	E2102	
		E2103				
<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function  Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	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	67900	
		67901	67902	67903	67904	
		67906	67908	67909	67911	
		67912	67914	67915	67916	
		67917	67921	67922	67923	
67924	67950	67961	67966			
	Q2026					
<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 \$750	A9900	E0194	E0265	E0266	
		E0300	E0328	E0329	E0445	
		E0457	E0465	E0466	E0470	
		E0471	E0483	E0486	E0636	
		E0637	E0652	E0656	E0669	
		Prosthetics are not DME – see Orthotics and prosthetics.	E0670	E0675	E0693	E0694
			E0745	E0766	E0784	E1003
			E0984	E0986	E1002	E1007
			E1004	E1005	E1006	E1030
			E1008	E1009	E1010	E1231
	E1035		E1161	E1229	E1235	
	E1232		E1233	E1234	E1239	
	E1236		E1237	E1238	E2228	
	E1825		E2100	E2227	E2322	
	E2230		E2310	E2311	E2331	
	E2325	E2327	E2329	E2511		
	E2351	E2373	E2510	E8001		
	E2512	E2599	E8000	K0013		
	E8002	K0005	K0008	K0822		
	K0108	K0812	K0821	K0826		
K0823	K0824	K0825	K0830			
K0827	K0828	K0829	K0850			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>		K0831	K0848	K0849	K0854
		K0851	K0852	K0853	K0858
		K0855	K0856	K0857	K0862
		K0859	K0860	K0861	K0869
		K0863	K0864	K0868	K0878
		K0870	K0871	K0877	K0885
		K0879	K0880	K0884	
	K0886	K0890	K0891		
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4155	B9002	B9998	
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65767
		66180	0191T	A4226	A4638
		E1831	S0810	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>Home health services</b>	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
		T1022			
<b>Hospice</b>	Prior authorization required	T2042	T2043	T2044	T2045
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58260	58262
		58263	58267	58270	58275
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
<b>Injectable medications</b>	Prior authorization required*	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Aldurazyme®</b>			
		J1931			
		<b>Amondys 45</b>			
		J1426			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	<b>Amvuttra™</b>				
	J0225				
	<b>Apretude</b>				
	J0739				
	<b>Aralast® NP</b>				
	J0256				
	<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>Cabenuva™</b>				
	J0741				
	<b>Cerezyme®</b>				
	J1786				
	<b>Cimzia®</b>				
	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Cinryze®</b>				
	J0598				
	<b>Cryvista®</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>Evkeeza™</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	J1305				
	<b>Exondys 51™</b>				
	J1428				
	<b>Fabrazyme®</b>				
	J0180				
	<b>Fasenra™</b>				
	J0517				
	<b>Feraheme®</b>				
	Q0138				
	<b>Fensolvi®</b>				
	J1951				
	<b>Firmagon®</b>				
	J9155				
	<b>Gamifant™</b>				
	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Glassia®</b>				
	J0257				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90284	J1459	J1554	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>Lemtrada®</b>					
J0202					
<b>Leqvio</b>					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
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Injectable medications (continued)	J1306			
	<b>Lumizyme®</b>			
	J0221			
	<b>Lupron Depot®</b>			
	J1950			
	<b>Lupron Depot, Eligard®</b>			
	J9217			
	<b>Luxturna™</b>			
	J3398			
	<b>Makena®</b>			
	J1726	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>Octreotide Acetate</b>			
	J2354			
	<b>Onpattro™</b>			
	J0222			
	<b>Orencia®</b>			
	J0129			
	<b>Oxlumo™</b>			
	J0224			
<b>Parsabiv™</b>				
J0606				
<b>Probuphine®</b>				
J0570				
<b>Prolastin-C®</b>				
J0256				
<b>Prolia®****</b>				
J0879				
<b>Radicava®</b>				
J1301				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)	<b>Reblozyl®</b>				
	J0896				
	<b>Releuko®</b>				
	Q5125				
	<b>Remicade®</b>				
	J1745				
	<b>Renflexis®</b>				
	Q5104				
	<b>Revcovi®</b>				
	J3590				
	<b>Riabni™</b>				
	Q5123				
	<b>Rituxan®</b>				
	J9312				
	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Ruconest®</b>				
	J0596				
	<b>Ruxience®</b>				
	Q5119				
	<b>Ryplazim®</b>				
	J2998				
	<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>Spinraza™</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		J2326			
	<b>Spravato™</b>				
		S0013			
	<b>Stelara®</b>				
		J3358			
	<b>Sublocade™</b>				
		Q9991	Q9992		
	<b>Supprelin® LA</b>				
		J9226			
	<b>Synagis®</b>				
		90378			
	<b>Tepezza®</b>				
		J3241			
	<b>Tezspire</b>				
		J2356			
	<b>Therapeutic Radiopharmaceuticals</b>				
		A9513	A9590	A9606	A9607***
		A9699			
	<b>Trelstar®</b>				
		J3315			
	<b>Triptodur®</b>				
		J3316			
	<b>Trogarzo™</b>				
		J1746			
	<b>Truxima®</b>				
		Q5115			
	<b>Unclassified and temporary codes**</b>				
		C9399	J3490	J3590	
	<b>Ultomiris™</b>				
		J1303			
	<b>Uplizna®</b>				
		J1823			
	<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			
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Injectable medications (continued)		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		<b>Xembify®</b>			
		J1558			
		<b>Xolair®</b>			
		J2357			
		<b>Zoladex®</b>			
		J9202			
		<b>Zemaira®</b>			
		J0256			
		<b>Zolgensma®</b>			
		J3399			

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\*\* For Unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is only required for Fynetra, Nulibry™, Purified Cortrophin™ Gel (repository corticotropin), Spevigo™ and Xenpozyme™

\*\*\*Prior authorization is required for A9607

\*\*\*\*For code J0897 prior authorization required for non-oncology diagnosis

Please check our *Review at Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The *Review at Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112

<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Non-emergent air ambulance transport (continued)</b>		S9960	S9961		
<b>Orthognathic surgery</b>	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$750	L0112	L0456	L0462	L0464
		L0480	L0482	L0484	L0486
		L0629	L0631	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1840
		L1844	L1846	L1860	L1945
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2108	L2126	L2136
		L2350	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3730	L3740	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5643
		L5647	L5649	L5651	L5683
		L5700	L5702	L5703	L5705

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5795	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5848	L5930
		L5950	L5960	L5961	L5964
		L5966	L5968	L5979	L5980
		L5981	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	L6624	L6693	L6696
		L6697	L6707	L6708	L6709
		L6712	L6713	L6714	L6881
		L6900	L6905	L6910	L6915
	L8040	L8042	L8043	L8044	
	L8045	L8046	L8047	L8499	
<b>Outpatient Therapy</b>	Prior authorization required	92507	92508	92526	92607
		92608	92609	92700	97012
		97014	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97139	97140
		97150	97530	97750	97755
		97761	97799		
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Prostate Procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31298			
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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pharyngeal tissue reduction for treating obstructive sleep apnea

<b>Specialized pediatric facility-based care</b>	Prior authorization required	T1024			
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<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	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	22855	22856
		22861	22864	22865	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
63270	63271	63272	63286		
63300	63301	63302	63303		
63304	63305	63306	63307		
63308	93850				

<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<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	L8685	L8686	L8687
		L8688			

<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including <b>Abecma</b> ® (Idecaptogene Cicleucel), <b>Breyanzi</b> ® (Lisocaptogene), <b>Kymriah</b> ™ (tisagenlecleucel) <b>Kymriah</b> ™ (tisagenlecleucel),
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Transplants (continued)** **Tecartus™** (brexucabtagene autoleucl) and **Yescarta™** (axicabtagene ciloleucl), 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	S2152	
<b>CAR T-Cell therapy</b>			
0537T	0538T	0539T	0540T
J9999**	Q2041	Q2042	Q2053
Q2054	Q2055	Q2056	
<b>Gene Therapy</b>			
C9399***	J3490***	J3590***	

\*Code 38232 will only require prior authorization for an oncology diagnosis

\*\*\* For unclassified codes C9399, J3490 and J3590 Skysona™ and Zynteglo™ will require prior authorization through Optum Transplant.

<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		
<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 ventricle of the heart and restores normal blood flow		33975	33976	33979	33981
		33982	33983		
<b>Wound vac</b>	Prior authorization required	E2402			