Prior authorization requirements for UnitedHealthcare Community Plan of Nebraska

Effective November 1, 2026

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Nebraska health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone**: Call **888-702-2202**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Behavioral health services	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. • For ABA Therapy, submit via fax or Provider Express			
Abortion	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Bone growth stimulator Electronic stimulation or ultrasound to heal	Prior authorization required	20975			

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
fractures		
BRCA genetic testing	Prior authorization required	81162 81163 81164 81432
Breast reconstruction (non-mastectomy) 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
Cancer supportive services	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis *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.	Q5136 Q5157 Q5158 Q5159 **Injectable colony-stimulating factor drugs that require prior authorization:** Q5148 **Antiemetic drugs drugs that require prior authorization:** J1434 J2468 **Eflapegrastim-xnst (Rolvedon®)** J1449 **Filgrastim (Neupogen®)** J1442* **Filgrastim-aafi (Nivestym™)** Q5110* **Filgrastim-ayow, (Releuko®)** Q5125* **Filgrastim-sndz (Zarxio®)** Q5101* **Fosaprepitant (Ivemend®)** J1456 **Pegfilgrastim (Neulasta®)** J2506* **Pegfilgrastim-apgf (Nyvepria™)** Q5122* **Pegfilgrastim-bmez (Ziextenzo®)** Q5120* **Pegfilgrastim-cbqv (UDENYCA™)** Q5111* **Pegfilgrastim-jmdb (Fulphila™)** Q5108* **Sargramostim (Leukine®)** J2820

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Cancer supportive services (cont.)		**Tbo-filgrastim (Granix®)** J1447* **Trilaciclib (Cosela™)** J1448 **Bone-modifying agent that requires prior authorization:** **Denosumab (Xgeva®)** J0897 **Erythropoiesis-Stimulating Agents** J0885 Therapeutic Radiopharmaceuticals A9615 For prior authorization, please submit requests online by using the Prior Authorization and Notification tile 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**
Cardiovascular	Prior authorization required	37254 37256 37258 37260 37263 37265 37267 37269 37271 37273 37275 37277 37280 37282 37284 37286 37288 37290 37292 37294 37296 37298 93580* *Prior authorization not required for the following diagnosis codes: E08.52 E09.52 E10.52 E11.52 E13.52 I70.221 I70.222 I70.223 I70.228 I70.229 I70.231 I70.232 I70.233 I70.234 I70.235 I70.238 I70.239 I70.241 I70.242 I70.243 I70.244 I70.245 I70.248 I70.249 I70.25 I70.261 I70.262 I70.263 I70.268 I70.269 I70.321 I70.322 I70.323 I70.329 I70.331 I70.332 I70.333 I70.334 I70.335 I70.338 I70.339 I70.341 I70.342 I70.343 I70.344 I70.345 I70.348 I70.349 I70.35 I70.361 I70.362 I70.363 I70.369 I70.421 I70.422 I70.423 I70.428 I70.429 I70.431 I70.432 I70.433 I70.434 I70.435 I70.438 I70.439 I70.441 I70.442 I70.443 I70.444 I70.445 I70.448 I70.449 I70.461 I70.462 I70.463 I70.468

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	M86.051
		M86.052	M86.059	M86.061	M86.062
		M86.069	M86.071	M86.072	M86.079
		M86.08	M86.09	M86.1	M86.10
		M86.151	M86.152	M86.159	M86.161
		M86.162	M86.169	M86.171	M86.172
		M86.179	M86.18	M86.19	M86.20
		M86.251	M86.252	M86.259	M86.261
		M86.262	M86.269	M86.271	M86.272
		M86.279	M86.28	M86.29	M86.30
		M86.351	M86.352	M86.359	M86.361
		M86.362	M86.369	M86.371	M86.372
		M86.379	M86.38	M86.39	M86.40
		M86.451	M86.452	M86.459	M86.461
		M86.462	M86.469	M86.471	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	M86.8X51

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		M86.8X52 M86.8X69 M86.8X89 Q27.32 Q87.2 S81.802A S91.309A T82.338A T82.818A ** Applies to enrollees 18yrs and older	M86.8X59 M86.8X71 M86.8X9 Q27.39 S35.511A S81.809A T82.312A T82.392A T82.868A	M86.8X61 M86.8X72 M86.9 Q27.8 S35.512A S91.301A T82.318A T82.398A T82.898A	M86.8X62 M86.8X79 Q27.30 Q27.9 S81.801A S91.302A T82.319A T82.399A
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	**Injectable chemotherapy drugs that require prior authorization:** • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952) • Chemotherapy injectable drugs that have a Q code • 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 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**			
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitoring	Prior authorization required	A4238 E2102	A4239 E2103	A9274	E0787
Cosmetic and reconstructive Cosmetic procedures	Prior authorization required	11960 14060	14020* 14061*	14021* 14301	14041 15820

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that change or improve physical appearance without significantly improving or restoring physiological function		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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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			
		*Prior authorization not required when billed with the following diagnosis codes			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		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

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Cosmetic and reconstructive (cont.)		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	
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than $750 Prosthetics are not DME – see Orthotics and prosthetics.	A9900	E0194	E0265	E0266
		E0300	E0328	E0329	E0445
		E0457	E0465	E0466	E0470
		E0471	E0483	E0486	E0636
		E0637	E0652	E0656	E0669
		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
		K0831	K0848	K0849	K0854
		K0851	K0852	K0853	K0858
		K0855	K0856	K0857	K0862

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		K0859 K0863 K0870 K0879 K0890	K0860 K0864 K0871 K0880 K0891	K0861 K0868 K0877 K0884 S1040	K0869 K0878 K0885 K0886
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4155	B9002	B9998	
Experimental and investigational (and/or linked services)	Prior authorization required	33477 66180 S0810 S9991	36514 A4226 S2102	64722 A4638 S9988	65767 E1831 S9990
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic Testing	Prior authorization required	81228 81400 81404 81408 81413 81417 81431 81440 81448 81455 81464 81479 81521 81542 81599 0022U 0047U 0088U 0103U 0179U 0213U 0217U 0242U 0258U	81229 81401 81405 81410 81414 81425 81435 81441 81449 81460 81465 81518 81522 81552 87505 0023U 0048U 0094U 0118U 0209U 0214U 0237U 0244U 0265U	81277 81402 81406 81411 81415 81426 81437 81443 81450 81462 81471 81519 81523 81558 87506 0026U 0050U 0101U 0129U 0211U 0215U 0238U 0245U 0268U	81349 81403 81407 81412 81416 81427 81439 81445 81451 81463 81479 81520 81541 81595 0018U 0037U 0087U 0102U 0171U 0212U 0216U 0239U 0250U 0271U

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic Testing (cont.)		0272U 0288U 0318U 0334U 0379U 0395U 0426U 0475U 0483U 0493U 0504U 0509U 0536U 0543U 0562U S3865	0273U 0289U 0319U 0355U 0388U 0398U 0444U 0478U 0484U 0499U 0505U 0523U 0538U 0544U 0567U S3870	0274U 0306U 0320U 0364U 0389U 0409U 0473U 0480U 0485U 0500U 0506U 0529U 0539U 0552U 0571U	0276U 0307U 0326U 0378U 0391U 0425U 0474U 0481U 0487U 0502U 0508U 0530U 0540U 0554U S3854
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156 G0493 S9122 S9976	G0162 G0494 S9123	G0299 G0495 S9124	G0300 G0496 S9474
Hospice	Prior authorization required	T2042	T2043		
Hysterectomy	Prior authorization required	58150 58263 58290 58543 58553 58573	58152 58267 58291 58544 58570	58260 58270 58292 58550 58571	58262 58275 58542 58552 58572
Injectable medications	Prior authorization required*	**Actemra®** J3262 **Acthar®** J0801 **Adakveo®** J0791 **Adzynma** J7171 **Aldurazyme®** J1931 **Alhemo** J7173 **Amondys 45** J1426			

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Injectable medications (cont.)		**Amvuttra™** J0225 **Aralast® NP** J0256 **Avlayah** J1757 **Avsola™** Q5121 **Avtozma** Q5156 **Azmiro** J1072 **Benlysta** J0490 **Beovu** J0179 **Beqvez™** J1414 **Berinert®** J0597 **Bildyos** Q5162 **Bkemv** Q5152 **Bosaya** Q5161 **Botulinum toxins** J0585 J0586 J0587 J0588 **Brineura™** J0567 **Briumvi®** J2329 **Byooviz™** Q5124 **Cenexxence** Q5158 **Cerezyme®** J1786 **Cimerli®** Q5128 **Cimzia®** J0717 **Cinqair®**

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J2786 **Cinryze®** J0598 **Cortrophin™ Gel** J0802 **Cosentyx IV** J3247 **Cryvista®** J0584 **Cutaquig®** J1551 **Daxxify** J0589 **Elaprase®** J1743 **Elelyso®** J3060 **Elevidys®** J1413 **Elfabrio®** J2508 **Encelto** J3403 **Enjaymo** J1302 **Entyvio®** J3380 **Epysqli** Q5151 **Evenity™** J3111 **Evkeeza™** J1305 **Exdensur** J2361 **Exondys 51™** J1428 **Eylea** J0178 **Eylea HD** J0177 **Fabrazyme®** J0180

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Fasenra™** J0517 **Feraheme®** Q0138 **Fensolvi®** J1951 **Firmagon®** J9155 **Fylnetra®** Q5130 **Gamifant™** J9210 **Gazyva** J9301 **Givlaari®** J0223 **Glassia®** J0257 **Hemgenix®** J1411 **Hemlibra** J7170 **Hyalgan, Supartz, Visco-3** J7321 **Hymovis, Hymovis One** J7322 **Hympavzi** J7172 **Ilaris®** J0638 **Ilumya™** J3245 **Imaavy** J9256 **Imuldosa IV** Q5098 **Inflectra®** Q5103 **Injectafer®** J1439 **Itvisma** J3405 **IVIG**

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		90284 J1459 J1552 J1553 J1554 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 **Izervay** J2782 **Jubbonti-Wyost** Q5136 **Kalbitor®** J1290 **Kanuma®** J2840 **Kisunla** J0175 **Korsuva** J0879 **Krystexxa®** J2507 **Lamzede®** J0217 **Lanreotide** J1932 **Lemtrada®** J0202 **Leqembi®** J0174 **Leqvio** J1306 **Loargys** J1818 **Lucentis** J2778 **Lumizyme®** J0221 **Lupron Depot®*** J1950 **Lupron Depot, Eligard®*** J9217 **Lutrate Depot** J1954 **Luxturna™** J3398 **Mepsevii®**

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J3397 **Monoferric®** J1437 **Naglazyme®** J1458 **Nexviazyme®** J0219 **Niktimvo** J9038 **Nplate®** J2802 **Nucala®** J2182 **Nulibry** J1809 **Nypozi** Q5148 **Ocrevus™** J2350 **Ocrevus Zunovo** J2351 **Octreotide Acetate** J2354 **Omvoh IV** J2267 **Onpattro™** J0222 **Orencia®** J0129 **Ospomyv™** Q5159 **Otulfi IV** Q9999 **Oxlumo™** J0224 **Panzyga®** J1576 **Papzimeos** J3404 **Parsabiv™** J0606 **Pavblu** Q5147

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Injectable medications (cont.)		**PiaSky** J1307 **Pombiliti** J1203 **Prolastin-C®** J0256 **Prolia®** J0897 **Pyzchiva IV** Q9997 **Qalsody®** J1304 **Qfitlia** J7174 **Qivigy** J1577 **Radicava®** J1301 **Reblozyl®** J0896 **Releuko®** Q5125 **Remicade®** J1745 **Renflexis®** Q5104 **Revcovi®** J3590 **Riabni™** Q5123 **Rituxan®** J9312 **Rituxan Hycela®** J9311 **Roctavian** J1412 **Rolvedon™** J1449 **Ruconest®** J0596 **Ruxience®** Q5119 **Ryplazim®**

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Injectable medications (cont.)		J2998 **Rystiggo** J9333 **Sandostatin® LAR** J2353 **Saphnelo™** J0491 **Scenesse®** J7352 Selarsdi Q9998 **Signifor® LAR** J2502 **Simponi Aria®** J1602 **Skyrizi®** J2327 **Soliris®** J1299 **Somatuline® Depot** J1930 **Spinraza™** J2326 **Spevigo®** J1747 **Starjemza** Q5164 **Stelara®** J3358 **Steqeyma IV** Q5099 **Stimufend®** Q5127 **Stoboclo** Q5157 **Supprelin® LA** J9226 **Susvimo™** J2779 **Syfovre™** J2781 **Synagis®** 90378

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Tepezza®** J3241 **Tezspire** J2356 **Therapeutic Radiopharmaceuticals** A9513 A9590 A9606 A9607*** A9699 **Tofidence** Q5133 **Trelstar®** J3315 **Tremfya IV** J1628 **Triptodur®** J3316 **Truxima®** Q5115 **Tyenne** Q5135 **Tzield®** J9381 **Unclassified and temporary codes**** C9399 J3490 J3590 **Ultomiris™** J1303 **Uplizna®** J1823 **Vabysmo** J2777 **Veopoz** J9376 **Viltepso™** J1427 **Vimizim®** J1322 **Vyepti™** J3032 **Vyjuvek™** J3401 **Vyondys 53®** J1429 **Vyvgart** J9332

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Vyvgart Hytrulo** J9334 **Waskyra™** J3386 **Wezlana IV** Q5138 **White blood cell colony stimulating factors** J1442 J1447 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 **Xembify®** J1558 **Xenpozyme™** J0218 **Xolair®** J2357 **Yartemlea®** J1289 **Yesintek IV** Q5100 **Zoladex®** J9202 **Zemaira®** J0256 **Zolgensma®** J3399 *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. ** For Unclassified and temporary codes, C9399, J3490 and J3590, prior authorization is only required for Kabilidi and Rivfloza ***Prior authorization is required for A9607 Please check our **Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy** for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and

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		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 – Community Plan Medical Benefit Drug Policy**.			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		27120	27125	27130	27132
		27134	27137	27138	27412
		27446	27447	27486	27487
		29866	29867	29868	J7330
		S2112			
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery 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	
Orthotics and prosthetics	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
			L3649	L3671	L3674
		L3730	L3740	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4020	L4631	L5010

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	L5657
		L5683	L5700	L5702	L5703
		L5705	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	L6034	L6035
		L6036	L6038	L6039	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	
Outpatient therapy	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		
Private duty	Prior authorization	T1000	T1003	T1022	T2027

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
nursing	required				
Prostate procedures	Prior authorization required	37243 53852	52441	52442 55874	53850
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31298			
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685 95783 95810	41599 95805 95811	42145 95807	95782 95808
Specialized pediatric facility-based care	Prior authorization required	T1024			
Spinal surgery	Prior authorization required	22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22852 63001 63012 63020 63045 63055 63077 63090 63190 63270 63301	22207 22220 22512 22532 22554 22590 22612 22802 22812 22836 22856 63003 63015 63030 63046 63056 63081 63101 63191 63271 63302	22210 22224 22513 22533 22556 22595 22630 22804 22818 22838 22861 63005 63016 63040 63047 63064 63085 63102 63267 63272 63303	22212 22510 22514 22548 22558 22600 22633 22808 22819 22849 22899 63011 63017 63042 63050 63075 63087 63185 63268 63300 63304

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Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)		63305	63306	63307	63308
		93850	0656T	0657T	0790T
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	**Bone growth stimulator**			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	61863	61867
		61885	61886	63650	63655
		63685	64553	64555	64568
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including **Abecma®** (Idecaptagene Cicleucel), **Breyanzi®** (Lisocabtagene), Kymriah™ (tisagenlecleucel) **Kymriah™** (tisagenlecleucel), **Tecartus™** (brexucabtagene autoleucel), Yartemlea® (narsoplimab-wuug) 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	J3387	J3389
		S2152			
		CAR T-Cell therapy			
		J9999**	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	Q2057
		Gene Therapy			
		C9399***	J3391	J3392	J3393
		J3394	J3402	J3490***	J3590***
		Q2058	J1289		
		*Code 38232 will only require prior authorization for an oncology diagnosis			

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		*** For unclassified codes C9399, J3490 and J3590 Amtagvi, Kresladi, Lantidra and Zynteglo™ will require prior authorization through Optum Transplant.			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473 37718 37780	36475 37722	36478 37765	37700 37766
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	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.** 33975 33982	33976 33983	33979	33981
Wound vac	Prior authorization required	E2402			

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