

Prior authorization requirements for UnitedHealthcare Community Plan of New Mexico

Effective July 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of New Mexico Turquoise Care program 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**

Prior authorization is not required for emergency or urgent care. Out-of-network requests must be made by network care provider.

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Abortion	Prior authorization required.	59840 59852	59841 59855	59850 59856	59851 59857
Augmentative and alternative communication	Prior authorization required.	92607 E2500 E2508 E2599	92608 E2502 E2510 V5336	92609 E2504 E2511	A9901 E2506 E2512
Bariatric surgery	Prior authorization required.	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health	Prior authorization required. Behavioral health services are available through the Regional Behavioral Health Authority (RBHA) program.	For a full list of behavioral health prior authorization requirements, please visit Behavioral Health Prior Authorization Code List by State .			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20975	20979	E0760	
Breast cancer	Prior authorization required.	81162	81163	81164	81165

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
(BRCA) genetic testing		81166 81217	81212 81432	81215	81216
Breast reconstruction (non-mastectomy) (cont.)	Prior authorization required.	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371
Reconstruction of the breast other than following mastectomy		Prior Auth NOT required for diagnosis codes listed below:			
		C50.011 C50.022 C50.119 C50.211 D05.222 C50.319 C50.411 C50.422 C50.519 C50.611 C50.622 C50.819 C50.911 C50.922 D05.01 D05.12 D05.90 Z85.3 Z90.13	C50.012 C50.029 C50.121 C50.212 C50.229 C50.321 C50.412 C50.429 C50.521 C50.612 C50.629 C50.821 C50.912 C50.929 D05.02 D05.80 D05.91 Z90.10	C50.019 C50.111 C50.122 D05.219 C50.311 C50.322 C50.419 C50.511 C50.522 C50.619 C50.811 C50.822 C50.919 C79.81 D05.10 D05.81 D05.92 Z90.11	C50.021 C50.112 C50.129 D05.221 C50.312 C50.329 C50.421 C50.512 C50.529 C50.621 C50.812 C50.829 C50.921 D05.00 D05.11 D05.82 Z42.1 Z90.12
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis. *Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125, Q5136, Q5157, Q5158, Q5159 and Q5148 also require prior authorization for non-oncology Dx. See Injectable medications section below.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Filgrastim (Neupogen) J1442* Filgrastim-aafi (Nivestym) Q5110* Filgrastim-ayow, biosimilar (Releuko) Q5125* Filgrastim-sndz (Zarxio) Q5101* Pegfilgrastim (Neulasta) J2506* Pegfilgrastim-apgf, biosimilar (Nyvepria)			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Cancer supportive Care (cont.)		Q5122* Pegfilgrastim-bmez (Ziextenzo) Q5120* Pegfilgrastim-cbqv (Udenyca) Q5111* Pegfilgrastim-jmdb (Fulphila) Q5108 Sargramostim (Leukine) J2820 Tbo-filgrastim (Granix) J1447* Trilaciclib (Cosela) J1448* <u>Bone-modifying agent that requires prior authorization:</u> Denosumab (Xgeva) J0897 <u>Antiemetic codes that require prior authorization:</u> J0185 J1453 J1454 J1627 J1456 J1434 J2468 Colony-stimulating factors J1449 Erythropoiesis – Stimulating agents J0885 Please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129.
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance.	Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit Cardiology Prior Authorization and Notification Program.
Cardiovascular	Prior authorization required.	0569T 0570T 93580 No prior authorization required for the following

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		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
		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	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cardiovascular (cont.)		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
		M86.8X5	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			
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726
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), levoleucovorin (J0641, J0642), Lupron Depot (J1950) J1299, J1323, J1326, J2277, J3055, J3263 - 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 HCPCS code Please submit prior authorization requests online using the UnitedHealthcare Provider Portal. Go to			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Chemotherapy (cont.)		UHCprovider.com to sign in. Or, you can call 888-397-8129 .			
Circumcision	Prior authorization required.	54161	54162		
Continuous glucose monitor	Prior authorization required.	A4226 A9278	A4239 E2102	A9276 E2103	A9277
Cosmetic and reconstructive	Prior authorization required.	11960	14020*	14021*	14041
Change or improves physical appearance without significantly improving or restoring physiological function		14061*	15823	15830	15847
		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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		11971			
		* Prior authorization not required when billed with the following Dx codes below:			
		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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cosmetic and reconstructive (cont.)		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	
Dental services	For prior authorization requirements, please call UnitedHealthcare dental at 855-812-9208 .				
Durable medical equipment (DME)	Prior authorization required for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	E0787	E0194	E0265	E0266
		E0270	E0300	E0445	E0457
		E0465	E0466	E0483	E0486
		E0620	E0636	E0638	E0641
		E0642	E0656	E0669	E0670
		E0675	E0693	E0694	E0700
		E0710	E0745	E0766	E0784
		E0984	E0986	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1030
		E1035	E1036	E1161	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E1825	E2100	E2227
		E2228	E2230	E2298	E2301
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2626
		E2627	E2628	E2629	E2630
		E8000	E8001	E8002	K0005
		K0008	K0013	K0108	K0800
		K0801	K0802	K0806	K0807

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)		K0808	K0812	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	K0830
		K0831	K0836	K0837	K0838
		K0839	K0840	K0841	K0842
		K0843	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040
		E0250	E0251	E0255	E0256
		E0260	E0261	E0280	E0290
		E0291	E0292	E0293	E0294
		E0295	E0301	E0303	E0315
		E0316	E0462		
Enteral services	Prior authorization required.	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational services	Prior authorization required.	G0276	G0293	S9996	33289
		33477	36514	64722	66180
		A4638	A9274	C2624	E1831
		S9988	S9990	S9991	S9992
		S9994	G2000		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required.	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic testing testing to include BRCA gene testing	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	81162	81163	81164	81228
		81229	81277	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81413
		81414	81415	81416	81417
		81425	81426	81427	81431
		81432	81435	81437	81439
		81440	81441	81443	81445
		81448	81449	81450	81451

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic testing testing to include BRCA gene testing (cont.)	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.	81455	81457	81458	81459
		81460	81462	81463	81464
		81465	81471	81479	81490
		81518	81519	81520	81521
		81522	81523	81541	81542
		81546	81552	81558	81595
		81599	86353	87505	87506
		0022U	0037U	0055U	0101U
		0118U	0171U	0209U	0214U
		0218U	0239U	0250U	0268U
		0272U	0277U	0288U	0307U
		0326U	0355U	0387U	0395U
		0417U	0426U	0023U	0047U
		0087U	0102U	0129U	0211U
		0215U	0233U	0242U	0258U
		0269U	0273U	0278U	0289U
		0318U	0364U	0388U	0398U
		0444U	0026U	0048U	0088U
		0103U	0154U	0212U	0216U
		0237U	0244U	0264U	0270U
		0274U	0282U	0294U	0319U
		0334U	0378U	0389U	0409U
		0018U	0050U	0094U	0111U
		0170U	0179U	0213U	0217U
		0238U	0245U	0265U	0271U
		0276U	0285U	0306U	0320U
		0321U	0379U	0391U	0425U
		0478U	0480U	0481U	0483U
		0484U	0485U	0487U	0493U
		0499U	0500U	0502U	0504U
		0505U	0506U	0508U	0509U
		0523U	0529U	0530U	0536U
		0538U	0539U	0540U	0543U
		0544U	0552U	0554U	0562U
		0567U	0571U	S3870	
Hearing services Hearing evaluations and hearing aids	Prior authorization required.	V5010	V5011	V5014	V5030
		V5040	V5050	V5060	V5095
		V5100	V5120	V5190	V5230
		V5242	V5243	V5244	V5245
		V5246	V5247	V5248	V5249
		V5250	V5251	V5252	V5253
		V5254	V5255	V5256	V5257
		V5258	V5259	V5260	V5261
		V5262	V5263	V5267	V5298
Home health care services	Prior authorization required.	G0151	G0152	G0153	G0155

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Home health care services (cont.)		G0156 G0300 S9129	G0157 S9123 S9131	G0158 S9124	G0299 S9128
Hysterectomy	Prior authorization required.	58150 58210 58263 58280 58292 58543 58552 58571 58953	58152 58240 58267 58285 58294 58544 58553 58572 58954	58180 58260 58270 58290 58541 58548 58554 58573 58956	58200 58262 58275 58291 58542 58550 58570 58951 59525
Injectable medications	Prior authorization required. Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 888-397-8129 .	Actemra J3262 Acthar Gel J0801 Adakveo J0791 Adzynma J7171 Aldurazyme J1931 Alhemo J7173 Alyglo J1552 Amondys 45 J1426 Amvuttra J0225 Aralast NP, Prolastin-C, Zemaira J0256 Avsola Q5121 Avtozma Q5156 Azmiro J1072 Benlysta J0490 Beovu J0179 Beqvez			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		J1414			
		Berinert			
		J0597			
		Bildyos			
		Q5162			
		Bkemv			
		Q5152			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		J0589			
		Brineura			
		J0567			
		Briumvi			
		J2329			
		Byooviz			
		Q5124			
		Cerezyme			
		J1786			
		Cimerli			
		Q5128			
		Cimzia			
		J0717			
		Cinqair			
		J2786			
		Cinryze			
		J0598			
		Conexxence			
		Q5158			
		Cortrophin gel			
		J0802			
		Cosentyx IV			
		J3247			
		Crysvita			
		J0584			
		Elaprase			
		J1743			
		Elelyso			
		J3060			
		Elevidys			
		J1413			
		Elfabrio			
		J2508			
		Encelto			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J3403
		Enjaymo
		J1302
		Entyvio
		J3380
		Epysqli
		Q5151
		Evenity
		J3111
		Evkeeza
		J1305
		Exondys 51
		J1428
		Eylea
		J0178
		Eylea HD
		J0177
		Fabrazyme
		J0180
		Fasenra
		J0517
		Fensolvi
		J1951
		Feraheme
		Q0138
		Firmagon
		J9155
		Gamifant
		J9210
		Gazyva
		J9301
		Givlaari
		J0223
		Glassia
		J0257
		Hemgenix
		J1411
		Hemlibra
		J7170
		Hympavzi
		J7172
		Ilaris
		J0638

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		Ilumya			
		J3245			
		Imaavy			
		J9256			
		Imuldosa IV			
		Q5098			
		Inflectra			
		Q5103			
		Injectafer			
		J1439			
		Intravenous immunoglobulin (IVIG)			
		J1459	J1551	J1554	J1555
		J1556	J1557	J1558	J1559
		J1561	J1566	J1568	J1569
		J1572	J1575	J1576	J1599
		J2782	90283	90284	J1553
		Itvisma			
		J3405			
		Izervay			
		J2782			
		Jubbonti			
		Q5136			
		Kalbitor			
		J1290			
		Kanuma			
		J2840			
		Kisunla			
		J0175			
		Korsuva			
		J0879			
		Krystexxa			
		J2507			
		Lamzede			
		J0217			
		Lanreotide			
		J1932			
		Lemtrada			
		J0202			
		Leqembi			
		J0174			
		Leqvio			
		J1306			
		Lucentis			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		J2778
		Lumizyme
		J0221
		Lupron Depot
		J1950
		Lupron Depot, Eligard
		J9217
		Lutrate_Depot***
		J1954
		Luxturna
		J3398
		Mepsevii
		J3397
		Monoferic
		J1437
		Naglazyme
		J1458
		Neulasta
		J2506
		Neupogen
		J1442
		Nexviazyme
		J0219
		Niktimvo
		J9038
		Nivestym
		Q5110
		Nplate
		J2802
		Nucala
		J2182
		Nulibry
		J1809
		Nypozi
		Q5148
		Ocrevus
		J2350
		Ocrevus Zunovo
		J2351
		Octreotide acetate
		J2354
		Omvoh
		J2267

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		Onpattro
		J0222
		Orencia
		J0129
		Otufi IV
		Q9999
		Oxlumo
		J0224
		Papzimeos
		J3404
		Parsabiv
		J0606
		Pavblu
		Q5147
		Piasky
		J1307
		Pombiliti
		J1203
		Prolia
		J0897
		Pyzchiva IV
		Q9997
		Qalsody
		J1304
		Qfitlia
		J7174
		Radicava
		J1301
		Reblozyl
		J0896
		Remicade
		J1745
		Renflexis
		Q5104
		Riabni
		Q5123
		Rituxan
		J9312
		Rituxan Hycela
		J9311
		Roctavian
		J1412
		Ruconest
		J0596

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		Ruxience			
		Q5119			
		Ryplazim			
		J2998			
		Rystiggo			
		J9333			
		Sandostatin LAR			
		J2353			
		Saphnelo			
		J0491			
		Scenesse			
		J7352			
		Selarsdi			
		Q9998			
		Signifor LAR			
		J2502			
		Simponi Aria			
		J1602			
		Skyrizi			
		J2327			
		Sodium hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Soliris			
		J1299			
		Somatuline Depot			
		J1930			
		Spevigo			
		J1747			
		Spinraza			
		J2326			
		Starjemza			
		Q5164			
		Stelara			
		J3358			
		Steqeyma IV			
		Q5099			
		Stoboclo			
		Q5157			
		Supprelin LA			
		J9226			
		Susvimo			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		J2779			
		Syfovre			
		J2781			
		Synagis			
		90378			
		Tepezza			
		J3241			
		Tezspire			
		J2356			
		Therapeutic radiopharmaceuticals*			
		A9513	A9606	A9607	A9699
		A9590	A9615		
		Tofidence***			
		Q5133			
		Trelstar			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur			
		J3316			
		Truxima			
		Q5115			
		Tyenne***			
		Q5135			
		Tzield			
		J9381			
		Ultomiris			
		J1303			
		Unclassified codes**			
		J3490	J3590	C9399	
		Uplizna			
		J1823			
		Vabysmo			
		J2777			
		Vantas			
		J9225			
		Leopoz			
		J9376			
		Viltepso			
		J1427			
		Vimizim			
		J1322			
		Vyepti			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		J3032			
		Vyjuvek			
		J3401			
		Vyondys 53			
		J1429			
		Vyvgart			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Waskyra			
		J3386			
		Wezlana IV			
		Q5138			
		White blood cell colony stimulating factors****			
		J1442	J1447	J1449	J2506
		Q5101	Q5108	Q5110	Q5111
		Q5120	Q5122	Q5125	Q5127
		Q5130			
		Xenpozyme			
		J0218			
		Xolair			
		J2357			
		Yartemlea			
		J1289			
		Yesintek IV			
		Q5100			
		Zoladex			
		J9202			
		Zolgensm			
		J3399			

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 and Drug Administration (FDA). They're also included on our **Review at Launch Medication List**. Pre-determination is highly recommended for the drugs on this list.

*Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign In. Or, you can call **888-397-8129**.

**For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Kebilidi, Revcovi and Rivfloza

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		*** For code J1954, Cancer DX is excluded from prior auth. ****For codes J1442, J1447, J1449, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122, Q5125, Q5127, Q5130. White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology Dx. For oncology Dx, please see Cancer supportive care section above. For non-oncology Dx, submit online at UHCProvider.com using the Prior Authorization and Notification tool on your dashboard. Or, you can connect with us 24/7 using our Contact us page.			
Inpatient admissions and post-acute services	Notification required for admissions.	Inpatient admissions-post acute services – Prior authorization and notification of admission date required for these facilities: • Acute care hospitals • Acute inpatient rehabilitation • Long-term acute care hospitals • Skilled nursing facilities			
Joint replacement Joint, total hip and knee replacement	Prior authorization required.	24360 27120 27134 27446 29866	24361 27125 27137 27447 29867	24362 27130 27138 27486 29868	24363 27132 27412 27487
Non-emergent air ambulance transport	Prior authorization required.	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization required.	21121 21141 21146	21123 21142 21147	21125 21143 21150	21127 21145 21151
Treatment of maxillofacial/jaw functional impairment		21154 21188 21196 21208 21240 21246 21255	21155 21193 21198 21209 21242 21247 21296	21159 21194 21199 21210 21244 21248 21299	21160 21195 21206 21215 21245 21249
Orthotics and prosthetics	Prior authorization required.	L0462 L0484 L0631 L0637 L0710 L0859 L1200	L0464 L0486 L0632 L0638 L0810 L0861 L1300	L0480 L0624 L0634 L0640 L0820 L1000 L1310	L0482 L0629 L0636 L0700 L0830 L1005 L1499

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1820
		L1830	L1831	L1832	L1834
		L1836	L1840	L1844	L1845
		L1846	L1847	L1850	L1860
		L1945	L1950	L1970	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2060	L2106	L2108	L2126
		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	L4350	L4392	L4394
		L4631	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	L5610	L5613
		L5614	L5616	L5639	L5640
		L5642	L5643	L5644	L5646
		L5647	L5648	L5649	L5651
		L5653	L5661	L5673	L5682
		L5683	L5700	L5702	L5703
		L5705	L5706	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5848	L5857
		L5858	L5930	L5950	L5960
		L5961	L5962	L5964	L5966
		L5968	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
		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
		L0112	L0170	L0456	
Out-of-network services	Prior authorization required for all out-of-network services.				
Outpatient therapy	Prior authorization required.	92507	92508	92526	92630
		92633	96105	97012	97014
		97016	97018	97022	97026
		97028	97033	97034	97039
		97110	97112	97113	97116
		97124	97140	97535	97799
		G0281	G0283	97530	
Pain injections and management	Prior authorization required.	64490	64493		
Private duty nursing	Prior authorization required.	T1002	T1003		
Prostate procedures	Prior authorization required.	37243	52441	52442	53850
		53852	55873	55874	55866
Proton beam therapy Focused radiation therapy using beams of protons, which are	Prior authorization required.	77520	77522	77523	77525

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
tiny particles with a positive charge		

Radiation Oncology	Prior authorization required.	IGRT 77014 77387
		Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525
		Special/Associated Services 77331 77370 77399 77470
		SRS/SBRT 77371 77372 77373
		Radiation Treatment Delivery 77402* 77407 77412
		* Prior Auth only required to manage fractionation when requested for the following diagnosis codes/ranges: Applicable ICD10 codes for cancer types in scope for Hypofractionation:
		Bone Mets - ICD10: C79.51, C79.52
		Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A
		Prostate - ICD10: C61
		Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Radiation Oncology (cont.)		Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors S2095 79445 Please submit requests online using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or you can call 866-889-8054 .			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. Please submit requests online by using the UnitedHealthcare Provider Portal. Go to UHCprovider.com to sign in. Or, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification Program .			
Rhinoplasty and septoplasty	Prior authorization required.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Treatment of nasal functional impairment and septal deviation					
Shoulder surgery	Prior authorization required.	29806 29824 29828 23474	29807 29825 23470	29819 29826 23472	29820 29827 23473
Sinuplasty	Prior authorization required.	31295	31296	31297	31298
Sleep apnea procedures and surgeries	Prior authorization required.	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Spinal surgery	Prior authorization required.	0095T 22101 22114 22212	0098T 22102 22206 22214	0164T 22110 22207 22220	22100 22112 22210 22224

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Spinal surgery (cont.)		22510	22511	22512	22513
		22515	22532	22533	22548
		22551	22554	22556	22558
		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		
Sterilization	Prior authorization required.	52601	52630	52648	52649
		55250	55801	55821	55831
		58600	58605	58611	58615
		58670	58671	58700	
Stimulators	Prior authorization required.	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	
		Neurostimulator			
		43648	43882	61863	61864
		61867	61868	61885	61886
		63650	63655	63685	64553
		64555	64568	64570	64590
		L8680	L8682	L8685	L8686
		L8687	L8688		
Transplant services	Prior authorization required.	For transplant and CAR T-Cell therapy services including Abecma (idecaptagene vicleucel), Breyanzi (lisocabtagene maraluecel), Carvykti (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Tecartus (brexucabtagene autoleucel), Yartemlea® (narsoplimab-wuug) and Yescarta (axicabtagene ciloleucel), please call the UnitedHealthcare Transplant Case Management Team at 800-418-4994 or the notification number on the back of the			
	Clinical documentation to support the need for transplants <u>must</u> accompany and establish medical necessity for service request.				

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Transplant services (cont.)		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	J3392	J3391
		Q2058	J3387	J3389	
		CAR T-Cell therapy:			
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	Q2057
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		Gene Therapy			
		J1289	J3393	J3394	J3490**
		J3590**	C9399**	J3402	
		** For unclassified codes J3490, J3590, and C9399, Amtagvi, Casgevy, Lantidra, Lenmeldy will require Prior Authorization through Optum Transplant.			
Vein procedures	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		
Ventricular assist devices (VAD)	Prior authorization required.	Please call the notification number on the back of the member's health plan ID card.			
A mechanical pump that takes over the function of the damaged ventricle of the		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
heart and restores normal blood flow		
Wound vac	Prior authorization required.	E2402