

# Prior authorization requirements for Rhode Island Medicaid

Effective April 1, 2026

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Rhode Island 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 **855-766-0344**

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Adult day services</b>	Prior authorization required	S5102			
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	Prior authorization is not required for routine outpatient services.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services			
Behavioral health services through a designated behavioral health network	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.				
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Breast reconstruction (non-mastectomy) (cont.)</b>		19380	19396	L8600	11971
Reconstruction of the breast, except when following mastectomy		Prior Auth NOT required for diagnosis codes listed below:			
		C50.011	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	D05.219	D05.221
		D05.222	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	C79.81	D05.00
		D05.01	D05.02	D05.10	D05.11
		D05.12	D05.80	D05.81	D05.82
		D05.90	D05.91	D05.92	Z42.1
		Z85.3	Z90.10	Z90.11	Z90.12
		Z90.13			

**Cancer supportive services**

Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis (Dx)

\*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.

**Injectable colony-stimulating factor drugs that require prior authorization:**

**Eflapegrastim-xnst (Rolvedon)**

J1449\*

**Filgrastim (Neupogen)**

J1442\*

**Filgrastim-aafi (Nivestym)**

Q5110\*

**Filgrastim-ayow, (Releuko)**

Q5125\*

**Filgrastim-sndz (Zarxio)**

Q5101\*

**Pegfilgrastim (Neulasta)**

J2506\*

**Pegfilgrastim-apgf, biosimilar (Nyvepria)**

Q5122\*

**Pegfilgrastim-bmez (Ziextenzo)**

Q5120\*

**Pegfilgrastim-cbqv (UDENYCA)**

Q5111\*

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																
<b>Cancer supportive services (cont.)</b>		<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><u>Injectable erythropoiesis-stimulating agents that require prior authorization:</u></b> J0885 (Procrit)</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b> <b>Denosumab (Xgeva)</b> J0897</p> <p><b><u>Antiemetic codes that require prior authorization:</u></b> J0185    J1453    J1454    J1627 J1456    J1434    J2468</p> <p>Please submit requests online using the UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> to sign in. Or, you can call <b>888-397-8129</b>.</p>																
<b>Cardiology</b>	<p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes, prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to 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 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/RIcommunityplan&gt;Prior Authorization and Notification Resources&gt;Cardiology Prior Authorization and Notification Program">UHCprovider.com/RIcommunityplan&gt;Prior Authorization and Notification Resources&gt;Cardiology Prior Authorization and Notification Program</a></p>																
<b>Cardiovascular</b>	<p>Prior authorization required for lower extremities angiogram</p>	<p>93580</p> <p>No prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.52</td> <td>E09.52</td> <td>E10.52</td> <td>E11.52</td> </tr> <tr> <td>E13.52</td> <td>I70.221</td> <td>I70.222</td> <td>I70.223</td> </tr> <tr> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> <td>I70.232</td> </tr> <tr> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> <td>I70.238</td> </tr> </table>	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
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															

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (cont.)</b>		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
		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 (cont.)</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				
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
	Prior authorization is not required for outpatient hospital or ambulatory surgical center	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> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) Leuprolide Acetate (J1954) Lanreotide (J1932) 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 Healthcare Common Procedure Coding System (HCPCS) code Please submit requests online using the UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> to sign in. Or, you can call <b>888-397-8129</b> .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cochlear and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
<b>Continuous glucose monitor</b>	Prior authorization required with Type 2 Diabetes Diagnosis	A4226	A4239	A9276*	A9277*
		A9278*	E0787	E2103	
		E2102	Prior authorization is required with the following Type 2 and gestational diabetes Dx codes:		
		E11.00	E11.01	E11.10	E11.11
		E11.21	E11.22	E11.29	E11.311
		E11.319	E11.3211	E11.3212	E11.3213
		E11.3219	E11.3291	E11.3292	E11.3293
		E11.3299	E11.3311	E11.3312	E11.3313
		E11.3319	E11.3391	E11.3392	E11.3393
		E11.3399	E11.3411	E11.3412	E11.3413
		E11.3419	E11.3491	E11.3492	E11.3493
		E11.3499	E11.3511	E11.3512	E11.3513
		E11.3519	E11.3521	E11.3522	E11.3523
		E11.3529	E11.3531	E11.3532	E11.3533
		E11.3539	E11.3541	E11.3542	E11.3543
		E11.3549	E11.3551	E11.3552	E11.3553
		E11.3559	E11.3591	E11.3592	E11.3593
		E11.3599	E11.36	E11.37X1	E11.37X2
		E11.37X3	E11.37X9	E11.39	E11.40
		E11.41	E11.42	E11.43	E11.44
		E11.49	E11.51	E11.52	E11.59
		E11.610	E11.618	E11.620	E11.621
		E11.622	E11.628	E11.630	E11.638
		E11.641	E11.649	E11.65	E11.69
		E11.8	E11.9	O24.111	O24.112
		O24.113	O24.119	O24.12	O24.13
		O24.410	O24.415	O24.419	O24.430
		O24.435	O24.439		

\*This code is for a product that is not reimbursable on the medical benefit. Requests for this product need to be

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Continuous glucose monitor (cont.)** submitted to OptumRx. Please contact the OptumRx Help Desk at 800-711-4555 for more information.

<b>Cosmetic and reconstructive</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function.	Prior authorization required	11960	14020	14021	14061
		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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67966	Q2026		

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
C44.601	C44.602	C44.609	C44.611
C44.612	C44.619	C44.621	C44.622

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive (cont.)</b>		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		C44.80	C44.81	C44.82	C44.89
		C44.90	C44.91	C44.92	C44.99
		C46.0	C4A.0	C4A.10	C4A.111
		C4A.112	C4A.121	C4A.122	C4A.20
		C4A.21	C4A.22	C4A.30	C4A.31
		C4A.39	C4A.4	C4A.51	C4A.51
		C4A.52	C4A.52	C4A.59	C4A.60
		C4A.61	C4A.62	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C79.2
		D03.51	D03.52	D04.0	D04.10
		D04.111	D04.112	D04.121	D04.122
		D04.20	D04.21	D04.22	D04.30
		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
	<b>Durable medical equipment (DME)</b>	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500 Prosthetics are not DME – see Orthotics and prosthetics.	A9279	A9280	A9900
E0265			E0266	E0270	E0277
E0300			E0328	E0329	E0445
E0457			E0465	E0466	E0470
E0471			E0483	E0486	E0620
E0636			E0637	E0652	E0656
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	E2301
E2310			E2311	E2322	E2325
E2327			E2329	E2331	E2351
E2373			E2510	E2511	E2512
E2599			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)</b>		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	T1999	E2298
		V2786	V5269	V5270	V5271
		V5272	V5274	V5281	V5282
		V5283	V5286	V5287	V5288
		V5290			
<b>Enteral services</b>	Prior authorization required	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
<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	14041	15734
		15738	15750	15757	15758
		19303	53410	53430	54125
		54520	54660	54690	55175
		55180	56625	56800	56805
		57110	57335	58150	58180
		58260	58262	58290	58291
		58541	58542	58543	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
		58661	58720	58940	64856
		64892	64896	55970	55980
These surgical codes with the following Dx codes do require a prior auth:					
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular	81162	81229	81402	81403
		81407	81408	81410	81411
		81415	81416	81417	81425

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (cont.)</b>	testing performed in an outpatient setting Health care professionals requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for CPT codes registered with the <b>Genetic and molecular testing prior authorization/notification</b> 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.	81426	81431	81432	81441
		81443	81445	81448	81449
		81450	81451	81455	81457
		81458	81459	81460	81462
		81463	81464	81465	81479
		81518	81519	81520	81521
		81522	81523	81546	87507
		0006M	0007M	0026U	0060U
		0037U	0047U	0048U	0050U
		0171U	0172U	0179U	0211U
		0239U	0252U	0253U	0254U
		0260U	0262U	0264U	0266U
		0267U	0287U	0296U	0297U
		0298U	0299U	0300U	0364U
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	G0493	G0494
		G0495	G0496	S9122	S9123
		S9124	S9474		
<b>Hospice</b>	Prior authorization required	T2042	T2043	T2045	
<b>Injectable medications</b>	Please submit requests online using the UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> to sign in. Or, you can call <b>888-397-8129</b> .	<b>Actemra</b>			
		J3262			
		<b>Acthar</b>			
		J0801			
		<b>Adakveo</b>			
		J0791			
		<b>Adzynma</b>			
		J7171			
		<b>Aldurazyme</b>			
		J1931			
<b>Alhemo</b>					
J7173					
<b>Alyglo</b>					
J1552					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont.)</b>		<b>Amondys 45</b>			
		J1426			
		<b>Amvuttra</b>			
		J0225			
		<b>Aralast NP, Prolastin – C, Zemaira</b>			
		J0256			
		<b>Avsola</b>			
		Q5121			
		<b>Avtozma</b>			
		Q5156			
		<b>Azmiro</b>			
		J1072			
		<b>Benlysta</b>			
		J0490			
		<b>Beovu</b>			
		J0179			
		<b>Beqvez</b>			
		J1414			
		<b>Berinert</b>			
		J0597			
		<b>Bildyos</b>			
		Q5162			
		<b>Bkemv</b>			
		Q5152			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura</b>			
		J0567			
	<b>Briumvi</b>				
	J2329				
	<b>Byooviz</b>				
	Q5124				
	<b>Cerezyme</b>				
	J1786				
	<b>Cimerli</b>				
	Q5128				
	<b>Cimzia</b>				
	J0717				
	<b>Cinqair</b>				
	J2786				
	<b>Cinryze</b>				
	J0598				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		<b>Conexence</b> Q5158 <b>Cosentyx</b> J3247 <b>Crysvita</b> J0584 <b>Cutaquig</b> J1551 <b>Daxxify</b> J0589 <b>Elaprase</b> J1743 <b>Elelyso</b> J3060 <b>Elevidys</b> J1413 <b>Elfabrio</b> J2508 <b>Encelto</b> J3403 <b>Enjaymo</b> J1302 <b>Entyvio</b> J3380 <b>Epysqli</b> Q5151 <b>Evenity</b> J3111 <b>Evkeeza</b> J1305 <b>Exondys 51</b> J1428 <b>Eylea HD</b> J0177 <b>Eylea</b> J0178 <b>Fabrazyme</b> J0180 <b>Fasenra</b> J0517 <b>Fensolvi</b> J1951

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont.)</b>		<b>Feraheme</b>			
		Q0138			
		<b>Firmagon</b>			
		J9155			
		<b>Fynetra</b>			
		Q5130			
		<b>Gamifant</b>			
		J9210			
		<b>Givlaari</b>			
		J0223			
		<b>Glassia</b>			
		J0257			
		<b>Hemgenix</b>			
		J1411			
		<b>Hemlibra</b>			
		J7170			
		<b>Hypavzi</b>			
		J7172			
		<b>Ilaris</b>			
		J0638			
		<b>Ilumya</b>			
		J3245			
		<b>Imaavy</b>			
		J9256			
		<b>Imuldosa IV</b>			
		Q5098			
		<b>Inflectra</b>			
		Q5103			
		<b>Injectafer</b>			
		J1439			
		<b>IVIG</b>			
		90283	90284	J1459	J1554
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599	J1553	
	<b>Izervay</b>				
	J2782				
	<b>Jubbonti</b>				
	Q5136				
	<b>Kalbitor</b>				
	J1290				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
<b>Injectable medications (cont.)</b>		<b>Kanuma</b>	
		J2840	
			<b>Kisunla</b>
			J0175
			<b>Korsuva</b>
			J0879
			<b>Krystexxa</b>
			J2507
			<b>Lanzede</b>
			J0217
			<b>Lanreotide</b>
			J1932
			<b>Lemtrada</b>
			J0202
			<b>Leqembi</b>
			J0174
			<b>Leqvio</b>
			J1306
			<b>Lucentis</b>
			J2778
			<b>Lumizyme</b>
			J0221
			<b>Lupron Depot</b>
			J1950
			<b>Lupron Depot, Eligard</b>
			J9217
			<b>Lutrate_Depot****</b>
			J1954
		<b>Luxturna</b>	
		J3398	
		<b>Mepsevii</b>	
		J3397	
		<b>Monoferric</b>	
		J1437	
		<b>Naglazyme</b>	
		J1458	
		<b>Nexviazyme</b>	
		J0219	
		<b>Niktimvo</b>	
		J9038	
		<b>Nplate</b>	
		J2802	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Injectable medications (cont.)</b>		<b>Nucala</b>
		J2182
		<b>Nulibry</b>
		J1809
		<b>Nypozi</b>
		Q5148
		<b>Ocrevus</b>
		J2350
		<b>Ocrevus Zunovo</b>
		J2351
		<b>Octreotide Acetate</b>
		J2354
		<b>OmvoH</b>
		J2267
		<b>Onpattro</b>
		J0222
		<b>Orencia</b>
		J0129
		<b>Otufi IV</b>
		Q9999
		<b>Oxlumo</b>
		J0224
		<b>Panzyga</b>
		J1576
		<b>Papzimeos</b>
		J3404
		<b>Parsabiv</b>
		J0606
		<b>Pavblu</b>
		Q5147
	<b>Piasky</b>	
	J1307	
	<b>Pombiliti</b>	
	J1203	
	<b>Prolia</b>	
	J0897	
	<b>Purified Cortrophin Gel</b>	
	J0802	
	<b>Pyzchiva IV</b>	
	Q9997	
	<b>Qalsody</b>	
	J1304	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Injectable medications (cont.)</b>		<b>Qfitlia</b> J7174
		<b>Radicava</b> J1301
		<b>Reblozyl</b> J0896
		<b>Releuko</b> Q5125
		<b>Remicade</b> J1745
		<b>Renflexis</b> Q5104
		<b>Riabni</b> Q5123
		<b>Rituxan</b> J9312
		<b>Rituxan Hycela</b> J9311
		<b>Roctavian</b> J1412
		<b>Rolvedon</b> J1449
		<b>Ruconest</b> J0596
		<b>Ruxience</b> Q5119
		<b>Ryplazim</b> J2998
		<b>Rystiggo</b> J9333
		<b>Sandostatin LAR</b> J2353
		<b>Saphnelo</b> J0491
		<b>Scenesse</b> J7352
		<b>Selarsdi</b> Q9998
		<b>Signifor LAR</b> J2502
		<b>Simponi Aria</b> J1602

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont.)</b>		<b>Skyrizi</b>			
		J2327			
		<b>Sodium Hyaluronate</b>			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		<b>Soliris</b>			
		J1299			
		<b>Somatuline Depot</b>			
		J1930			
		<b>Spevigo</b>			
		J1747			
		<b>Spinraza</b>			
		J2326			
		<b>Spravato</b>			
		J0013			
		<b>Stelara</b>			
		J3358			
		<b>Steqeyma IV</b>			
		Q5099			
		<b>Stimufend</b>			
		Q5127			
		<b>Stoboclo</b>			
		Q5157			
		<b>Supprelin LA</b>			
		J9226			
		<b>Susvimo</b>			
		J2779			
	<b>Syfovre</b>				
	J2781				
	<b>Synagis*</b>				
	90378				
	<b>Tepezza</b>				
	J3241				
	<b>Tezspire</b>				
	J2356				
	<b>Therapeutic Radiopharmaceuticals***</b>				
	A9513	A9590	A9606	A9699	
	A9607	A9615			
	<b>Tofidence</b>				
	Q5133				
	<b>Trelstar</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (cont.)</b>		J3315			
		<b>Tremfya IV</b>			
		J1628			
		<b>Triptodur</b>			
		J3316			
		<b>Truxima</b>			
		Q5115			
		<b>Tyenne</b>			
		Q5135			
		<b>Tzield</b>			
		J9381			
		<b>Ultomiris</b>			
		J1303			
		<b>Unclassified codes**</b>			
		J3490	J3590	C9399	
		<b>Uplizna</b>			
		J1823			
		<b>Vabysmo</b>			
		J2777			
		<b>Veopoz</b>			
		J9376			
		<b>Viltepso</b>			
		J1427			
		<b>Vimizim</b>			
		J1322			
		<b>Vyepti</b>			
		J3032			
		<b>Vyjuvek</b>			
		J3401			
		<b>Vyondys 53</b>			
	J1429				
	<b>Vyvgart</b>				
	J9332				
	<b>Vyvgart Hytrulo</b>				
	J9334				
	<b>Wezlana IV</b>				
	Q5138				
	<b>White blood cell colony stimulating factors*****</b>				
	J1442	J1447	J1448	J2506	
	Q5101	Q5108	Q5110	Q5111	
	Q5120	Q5122			
	<b>Xembify</b>				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (cont.)		<p>J1558  <b>Xenpozyme</b>  J0218  <b>Xolair</b>  J2357  <b>Yesintek IV</b>  Q5100  <b>Zoladex</b>  J9202  <b>Zolgensma</b>  J3399</p> <p>Please check our <b>Review at Launch for New to Market Medications</b> 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 <b>Review at Launch Medication List</b>. Pre-determination is highly recommended for the drugs on this list.</p> <p>*Please obtain prior notification for Cimzia, and Synagis through OptumRx prior notifications services at <b>800-310-6826</b>.</p> <p>**For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is required for Casgevy, Kebilidi, Lantidra, Revcovi, Rivfloza, Starjemza, and Xenpozyme.</p> <p>*** Please submit requests online using the UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> to sign in. Or, you can call <b>888-397-8129</b>.</p> <p>Prior authorization is not required for ESRD diagnosis.</p> <p>****For code J1954, Cancer DX is excluded from prior auth.</p> <p>*****For codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology Dx.</p> <p>For oncology Dx please see Cancer supportive care section above.</p> <p>For non-oncology Dx, submit online at <b>UHCProvider.com</b> using the Prior Authorization and Notification tool on your dashboard. Or, you can connect with us 24/7 using our <b>Contact us</b> page.</p>

**Inpatient admissions** Notification with service detail required (e.g., CPT/HCPCS code)

**Inpatient admissions – post- acute services** – Prior authorization and notification of admission date required for these facilities

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Inpatient admissions – post-acute services (cont.)</b>	providing post-acute inpatient services: <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Acute inpatient rehabilitation</li> <li>• Critical access hospitals</li> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>				
<b>Joint replacement</b>	Prior authorization required	24360	24361	24362	24363
Joint, total hip and knee replacement procedures		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
<b>Musculoskeletal</b>	Prior authorization required	<b>Shoulder surgery</b>			
		23470	23472	23473	23474
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Occupational/physical therapy</b>	Prior authorization required after the initial evaluation and before the initial therapy visit, and is required for all on going therapy visits.	97012	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97139	97140
		97150	97530	97533	97535
	Note: Only members 3 years of age and older require a prior auth.	97537	97542	97545	97546
		97750	97755	97760	97761
		97799			
<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 \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont.)</b>		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	L1845	L1846	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	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont.)</b>		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	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>Potentially unproven services</b>	Prior authorization required	33289	C2624		
<b>Private duty nursing</b>	Prior authorization required	T1000			
<b>Prostate procedure</b>	Prior authorization required	37243	52441	52442	53850

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Prostate procedure (cont.)</b>		53852	55873	55874	
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <p>Certain CT, MRI, MRA and PET scans</p>	<p>Health care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online using the 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, you can call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/RIcommunityplan">UHCprovider.com/RIcommunityplan</a>&gt;Prior Authorization and Notification Resources&gt;Radiology Prior Authorization and Notification Program</p>			
<b>Radiation therapy</b>	Prior authorization required	<p><b>IGRT</b> 77387</p> <p><b>Proton Beam</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520      77522      77523      77525</p> <p><b>Special/Associated Services</b> 77331      77370      77399      77470</p> <p><b>SRS/SBRT</b> 77371      77372      77373</p> <p><b>Radiation Treatment Delivery</b> 77402*      77407      77412</p> <p>*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:</p> <p>Bone Mets - ICD10: C79.51, C79.52</p> <p>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,</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiation therapy (cont.)</b>		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  <b>Y90</b> Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445                      S2095  Please submit requests online using the UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> to sign in. Or, you can call <b>866-889-8054</b> .			
<b>Septoplasty and rhinoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Shoulder surgery</b>	Prior authorization required	<b>Musculoskeletal System</b>			
		29805	29806	29807	29819
	SOS applies to all codes in this category	29820	29822	29823	29824
		29825	29826	29827	29828
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Site of service (SOS) – outpatient hospital</b>	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)	<b>Auditory System</b>			
		69205			
		<b>Cardiovascular System</b>			
		36590    36832			
		<b>Carpal tunnel surgery</b>			
		64721			
		<b>Cataract surgery</b>			
		66821	66982	66984	66987
		66988			
		<b>Colonoscopy</b>			
		45378	45380	45384	45385

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont.)		<b>Cosmetic and reconstructive</b>			
		13101	13132	14040	14060
		14301	21552	21931	
		<b>Digestive System</b>			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		<b>Ear, nose and throat (ENT) procedures</b>			
		21320	30140	30520	69436
		69631			
		<b>Eye and Ocular Adnexa</b>			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		<b>Gynecologic procedures</b>			
		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		<b>Hemic and Lymphatic Systems</b>			
		38500	38510	38525	
		<b>Hernia repair</b>			
		49505	49650	49651	
		<b>Integumentary System</b>			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		<b>Liver biopsy</b>			
		47000			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – outpatient hospital (cont.)		<b>Male Genital System</b>			
		54840			
		<b>Miscellaneous</b>			
		20680			
		<b>Musculoskeletal System</b>			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22902	22903	23071
		23075	24071	27327	27337
		27632	28035	28039	28041
		28060	28080	28090	28104
		28110	28118	28119	28124
		28285	28289	28292	28296
		28297	28298	28299	29835
		29840	29845	29846	29848
		29861	29875	29876	29877
		29879	29880	29881	29882
		29888	29893	G0260	
		<b>Nervous System</b>			
		64561	64640		
		<b>Ophthalmologic</b>			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		<b>Respiratory System</b>			
		30802	30930	31525	31535
		31536	31541	31624	
		<b>Tonsillectomy and adenoidectomy</b>			
		42820	42821	42825	42826
		42830			
		<b>Upper and lower gastrointestinal endoscopy</b>			
		43235	43239	43249	
		<b>Urologic procedures</b>			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	54161
		55040	57288		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
<b>Sleep studies</b>	Prior authorization required	95805 95811	95807	95808	95810
<b>Speech therapy</b>	Prior authorization required after the initial evaluation and before the initial therapy visit, and is required for all on going therapy visits.	92507	92508	92526	
	Note: Only members 3 years of age and older require a prior auth.				
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22101 22114 22212 22510 22514* 22548 22558 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 0098T
					*SOS also applies

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61885
		63650	63655	63685	64553
		64568	64570	64590	L8680
		L8682	L8685	L8686	L8687
		L8688			
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services, including 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 <b>888-936-7246</b> or the notification number on the back of the member's 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	S2060	S2061
		S2152	J3392	J3393	J3394
		J3391	Q2058	J3402	J3387
		J3389			
		<b>CAR T-Cell Therapy</b>			
		Q2056	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2057	
		<b>Gene Therapy</b>			
		J3490***	J3590***	C9399***	
		* Code 38232 will only require prior authorization for an oncology diagnosis			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (cont.)</b>		***For Unclassified codes J3490, J3590, and C9399, Amtagvi will require Prior Authorization through Optum Transplant.			
<b>Vein procedures</b> 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
<b>Wound vac</b>	Prior authorization required	E2402			