Prior authorization requirements for UnitedHealthcare Community Plan Apple Health Expansion of Washington

Effective January 1, 2026

General information

This list contains prior authorization requirements for health care professionals participating with the UnitedHealthcare Community Plan of Washington and Apple Health Expansion providing inpatient and outpatient services. To request prior authorization, please submit your request in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to **UHCprovider.com** and click on Sign In in the top-right corner to sign in using your One Healthcare ID and password.
- **By phone:** Call 877-542-9231

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			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization required.	43644 43645 43659 43770 43775 43842 43845 43846 43847 43848 43860 97802 97803			
Behavioral health services	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 when referring for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	20975 20979			
Breast reconstruction (non-mastectomy)	Prior authorization required.	19316 19318 19325 19328 19330 19340 19342 19350 19357 19361 19364 19367			

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Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Breast reconstruction (non-mastectomy) (cont.) Reconstruction of the breast other than following mastectomy		19368 19369 19370 19371 19380 19396 L8600 11971 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 care	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, and Q5148 also require prior authorization for non-oncology Dx. See Injectable medications section below.	**Injectable colony-stimulating factor drugs that require prior authorization:** **Bio similar (Zarxio)** Q5101* **Eflapegrastim-xnst (Rolvedon)** J1449* **Filgrastim (Neupogen)** J1442* **Filgrastim-aafi (Nivestym)** Q5110* **Filgrastim-ayow, (Releuko)** Q5125* **Pegfilgrastim (Neulasta)** J2506* **Pegfilgrastim-apgf, biosimilar (Nyvepria)** Q5122* **Pegfilgrastim-bmez (Ziextenzo)** Q5120* **Pegfilgrastim-jmdb (Fulphila)** Q5108 **Pegfilgrastim-cbqv (UDENYCA)** Q5111*

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Cancer supportive care (cont.)		**Sargramostim (Leukine)** J2820 **Tbo-filgrastim (Granix)** J1447* **Trilaciclib (Cosela)** J1448* **Injectable erythropoiesis-stimulating agents that require prior authorization:** J0885 (Procrit) **Bone-modifying agent that requires prior authorization:** **Denosumab** J0897 **Antiemetic codes That Require Prior Authorization** J1456 J1434 J2468 Please submit requests online 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, echocardiograms, 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 see **Cardiology Prior Authorization and Notification**
Cerebral seizure monitoring – Inpatient video electroencephalo-gram (EEG)	Prior authorization required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95700 95711 95712 95713 95714 95715 95716 95718 95720 95722 95724 95726
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and	**Injectable chemotherapy drugs that require prior authorization:** Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) Leuprolide (J1952), Leuprolide Acetate (J1954), Lanreotide (J1932) J1299, J1323, J1326, J2277, J3055, J3263

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Chemotherapy (cont.)	intrathecal for a cancer diagnosis.	*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 requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**.
Cochlear implants and other auditory implants A medical device within the inner ear and an external portion that helps those with profound sensorineural deafness achieve conversational speech	Prior authorization required.	69710 69714 69930 L8614 L8690 L8691 L8692
Continuous glucose monitor	Prior authorization required when billed with Type 2 diabetes diagnosis.	A4226 A4239 A9276 A9277 A9278 E0787 E2103 E2102 A4238 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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Continuous glucose monitor (cont.)		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		
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function.	Prior authorization required.	11960	14020	14021	14041
		14061	15820	15821	15822
		15823	15830	15847	15877
		15878	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
		67916	67917	67921	67922
		67923	67924	67950	67961
		67966	Q2026		
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		C44.729	C44.791	C44.792	C44.799
		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 the codes listed with a retail purchase or a cumulative rental cost of more than $500. Prosthetics are not DME – see orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold –see Home health care.	A9279	A9280	A9900	E0118
		E0194	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	E0710	E0731
		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
		V5290	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E8000 K0008 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040 V5270 V5281 V5287	E8001 K0013 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 T5999 V5271 V5282 V5288	E8002 K0108 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 V2786 V5272 V5283 E2298	K0005 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V5269 V5274 V5286
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required.	B4034 B4102 B4150 B4158 B9002	B4035 B4103 B4152 B4159 B9998	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161
Experimental and investigational services (and/or linked services)	Prior authorization required.	36514 66180 E0231 S1031 S9991	64722 A4638 E1831 S2102	65765 A6000 S0810 S9988	65767 A9274 S1030 S9990
Femoroacetabular impingement syndrome (FAI)	Prior authorization required for members **21 and older**.	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required.	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include breast cancer (BRCA) gene testing.	Prior authorization required.	81162 81229 0050U 81406* 81411 81415 81431 81436* 81445* 81479* 81520 0103U 87507	81163 81277 81403* 81407* 81412 81416 0101U 81439 81448 0102U 81521 81599 0006M	81164 0047U 81404* 81408* 81413 81417 0129U 81433* 81440 81460 81518* 81522* 87505 0007M	81228 0048U 81405* 81410 0094U 0129U 81435* 81443 81465 81519* 81546 87506 0114U

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		0111U	0211U	0213U	0233U
		0239U	0242U	0244U	0306U
		0307U	0318U	0319U	0320U
		0326U	0334U	0355U	0364U
		0378U	0379U	0409U	0417U
		0465U	0471U	0473U	0474U
		0475U	81427	81441	81449
		81450	81451	81455	81457
		81458	81459	81462	81463
		81464	81523	81541	81542
		81552	S3854		
		*Above codes with asterisk do NOT require a prior auth when billed with a DX code listed below.			
		C00	C00.0	C00.1	C00.2
		C00.3	C00.4	C00.5	C00.6
		C00.8	C00.9	C01	C02
		C02.0	C02.1	C02.2	C02.3
		C02.4	C02.8	C02.9	C03
		C03.0	C03.1	C03.9	C04
		C04.0	C04.1	C04.8	C04.9
		C05	C05.0	C05.1	C05.2
		C05.8	C05.9	C06	C06.0
		C06.1	C06.2	C06.8	C06.80
		C06.89	C06.9	C07	C08
		C08.0	C08.1	C08.9	C09
		C09.0	C09.1	C09.8	C09.9
		C10	C10.0	C10.1	C10.2
		C10.3	C10.4	C10.8	C10.9
		C11	C11.0	C11.1	C11.2
		C11.3	C11.8	C11.9	C12
		C13	C13.0	C13.1	C13.2
		C13.8	C13.9	C14	C14.0
		C14.2	C14.8	C15	C15.3
		C15.4	C15.5	C15.8	C15.9
		C16	C16.0	C16.1	C16.2
		C16.3	C16.4	C16.5	C16.6
		C16.8	C16.9	C17	C17.0
		C17.1	C17.2	C17.3	C17.8
		C17.9	C18	C18.0	C18.1
		C18.2	C18.3	C18.4	C18.5
		C18.6	C18.7	C18.8	C18.9
		C19	C20	C21	C21.0
		C21.1	C21.2	C21.8	C22
		C22.0	C22.1	C22.2	C22.3

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C22.4	C22.7	C22.8	C22.9
		C23	C24	C24.0	C24.1
		C24.8	C24.9	C25	C25.0
		C25.1	C25.2	C25.3	C25.4
		C25.7	C25.8	C25.9	C26
		C26.0	C26.1	C26.9	C30
		C30.0	C30.1	C31	C31.0
		C31.1	C31.2	C31.3	C31.8
		C31.9	C32	C32.0	C32.1
		C32.2	C32.3	C32.8	C32.9
		C33	C34	C34.0	C34.00
		C34.01	C34.02	C34.1	C34.10
		C34.11	C34.12	C34.2	C34.3
		C34.30	C34.31	C34.32	C34.8
		C34.80	C34.81	C34.82	C34.9
		C34.90	C34.91	C34.92	C37
		C38	C38.0	C38.1	C38.2
		C38.3	C38.4	C38.8	C39
		C39.0	C39.9	C40	C40.0
		C40.00	C40.01	C40.02	C40.1
		C40.10	C40.11	C40.12	C40.2
		C40.20	C40.21	C40.22	C40.3
		C40.30	C40.31	C40.32	C40.8
		C40.80	C40.81	C40.82	C40.9
		C40.90	C40.91	C40.92	C41
		C41.0	C41.1	C41.2	C41.3
		C41.4	C41.9	C43	C43.0
		C43.1	C43.10	C43.11	C43.111
		C43.112	C43.12	C43.121	C43.122
		C43.2	C43.20	C43.21	C43.22
		C43.3	C43.30	C43.31	C43.39
		C43.4	C43.5	C43.51	C43.52
		C43.59	C43.6	C43.60	C43.61
		C43.62	C43.7	C43.70	C43.71
		C43.72	C43.8	C43.9	C44
		C44.0	C44.00	C44.01	C44.02
		C44.09	C44.1	C44.10	C44.101
		C44.102	C44.1021	C44.1022	C44.109
		C44.1091	C44.1092	C44.11	C44.111
		C44.112	C44.1121	C44.1122	C44.119
		C44.1191	C44.1192	C44.12	C44.121
		C44.122	C44.1221	C44.1222	C44.129
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.19
		C44.191	C44.192	C44.1921	C44.1922

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C44.199	C44.1991	C44.1992	C44.2
		C44.20	C44.201	C44.202	C44.209
		C44.21	C44.211	C44.212	C44.219
		C44.22	C44.221	C44.222	C44.229
		C44.29	C44.291	C44.292	C44.299
		C44.3	C44.30	C44.300	C44.301
		C44.309	C44.31	C44.310	C44.311
		C44.319	C44.32	C44.320	C44.321
		C44.329	C44.39	C44.390	C44.391
		C44.399	C44.4	C44.40	C44.41
		C44.42	C44.49	C44.5	C44.50
		C44.500	C44.501	C44.509	C44.51
		C44.510	C44.511	C44.519	C44.52
		C44.520	C44.521	C44.529	C44.59
		C44.590	C44.591	C44.599	C44.6
		C44.60	C44.601	C44.602	C44.609
		C44.61	C44.611	C44.612	C44.619
		C44.62	C44.621	C44.622	C44.629
		C44.69	C44.691	C44.692	C44.699
		C44.7	C44.70	C44.701	C44.702
		C44.709	C44.71	C44.711	C44.712
		C44.719	C44.72	C44.721	C44.722
		C44.729	C44.79	C44.791	C44.792
		C44.799	C44.8	C44.80	C44.81
		C44.82	C44.89	C44.9	C44.90
		C44.91	C44.92	C44.99	C45
		C45.0	C45.1	C45.2	C45.7
		C45.9	C46	C46.0	C46.1
		C46.2	C46.3	C46.4	C46.5
		C46.50	C46.51	C46.52	C46.7
		C46.9	C47	C47.0	C47.1
		C47.10	C47.11	C47.12	C47.2
		C47.20	C47.21	C47.22	C47.3
		C47.4	C47.5	C47.6	C47.8
		C47.9	C48	C48.0	C48.1
		C48.2	C48.8	C49	C49.0
		C49.1	C49.10	C49.11	C49.12
		C49.2	C49.20	C49.21	C49.22
		C49.3	C49.4	C49.5	C49.6
		C49.8	C49.9	C49.A	C49.A0
		C49.A1	C49.A2	C49.A3	C49.A4
		C49.A5	C49.A9	C4A	C4A.0
		C4A.1	C4A.10	C4A.11	C4A.111
		C4A.112	C4A.12	C4A.121	C4A.122
		C4A.2	C4A.20	C4A.21	C4A.22

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C4A.3	C4A.30	C4A.31	C4A.39
		C4A.4	C4A.5	C4A.51	C4A.52
		C4A.59	C4A.6	C4A.60	C4A.61
		C4A.62	C4A.7	C4A.70	C4A.71
		C4A.72	C4A.8	C4A.9	C50
		C50.0	C50.01	C50.011	C50.012
		C50.019	C50.02	C50.021	C50.022
		C50.029	C50.1	C50.11	C50.111
		C50.112	C50.119	C50.12	C50.121
		C50.122	C50.129	C50.2	C50.21
		C50.211	C50.212	C50.219	C50.22
		C50.221	C50.222	C50.229	C50.3
		C50.31	C50.311	C50.312	C50.319
		C50.32	C50.321	C50.322	C50.329
		C50.4	C50.41	C50.411	C50.412
		C50.419	C50.42	C50.421	C50.422
		C50.429	C50.5	C50.51	C50.511
		C50.512	C50.519	C50.52	C50.521
		C50.522	C50.529	C50.6	C50.61
		C50.611	C50.612	C50.619	C50.62
		C50.621	C50.622	C50.629	C50.8
		C50.81	C50.811	C50.812	C50.819
		C50.82	C50.821	C50.822	C50.829
		C50.9	C50.91	C50.911	C50.912
		C50.919	C50.92	C50.921	C50.922
		C50.929	C51	C51.0	C51.1
		C51.2	C51.8	C51.9	C52
		C53	C53.0	C53.1	C53.8
		C53.9	C54	C54.0	C54.1
		C54.2	C54.3	C54.8	C54.9
		C55	C56	C56.1	C56.2
		C56.3	C56.9	C57	C57.0
		C57.00	C57.01	C57.02	C57.1
		C57.10	C57.11	C57.12	C57.2
		C57.20	C57.21	C57.22	C57.3
		C57.4	C57.7	C57.8	C57.9
		C58	C60	C60.0	C60.1
		C60.2	C60.8	C60.9	C61
		C62	C62.0	C62.00	C62.01
		C62.02	C62.1	C62.10	C62.11
		C62.12	C62.9	C62.90	C62.91
		C62.92	C63	C63.0	C63.00
		C63.01	C63.02	C63.1	C63.10
		C63.11	C63.12	C63.2	C63.7
		C63.8	C63.9	C64	C64.1

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C64.2	C64.9	C65	C65.1
		C65.2	C65.9	C66	C66.1
		C66.2	C66.9	C67	C67.0
		C67.1	C67.2	C67.3	C67.4
		C67.5	C67.6	C67.7	C67.8
		C67.9	C68	C68.0	C68.1
		C68.8	C68.9	C69	C69.0
		C69.00	C69.01	C69.02	C69.1
		C69.10	C69.11	C69.12	C69.2
		C69.20	C69.21	C69.22	C69.3
		C69.30	C69.31	C69.32	C69.4
		C69.40	C69.41	C69.42	C69.5
		C69.50	C69.51	C69.52	C69.6
		C69.60	C69.61	C69.62	C69.8
		C69.80	C69.81	C69.82	C69.9
		C69.90	C69.91	C69.92	C70
		C70.0	C70.1	C70.9	C71
		C71.0	C71.1	C71.2	C71.3
		C71.4	C71.5	C71.6	C71.7
		C71.8	C71.9	C72	C72.0
		C72.1	C72.2	C72.20	C72.21
		C72.22	C72.3	C72.30	C72.31
		C72.32	C72.4	C72.40	C72.41
		C72.42	C72.5	C72.50	C72.59
		C72.9	C73	C74	C74.0
		C74.00	C74.01	C74.02	C74.1
		C74.10	C74.11	C74.12	C74.9
		C74.90	C74.91	C74.92	C75
		C75.0	C75.1	C75.2	C75.3
		C75.4	C75.5	C75.8	C75.9
		C76	C76.0	C76.1	C76.2
		C76.3	C76.4	C76.40	C76.41
		C76.42	C76.5	C76.50	C76.51
		C76.52	C76.8	C77	C77.0
		C77.1	C77.2	C77.3	C77.4
		C77.5	C77.8	C77.9	C78
		C78.0	C78.00	C78.01	C78.02
		C78.1	C78.2	C78.3	C78.30
		C78.39	C78.4	C78.5	C78.6
		C78.7	C78.8	C78.80	C78.89
		C79	C79.0	C79.00	C79.01
		C79.02	C79.1	C79.10	C79.11
		C79.19	C79.2	C79.3	C79.31
		C79.32	C79.4	C79.40	C79.49
		C79.5	C79.51	C79.52	C79.6

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C79.60	C79.61	C79.62	C79.63
		C79.7	C79.70	C79.71	C79.72
		C79.8	C79.81	C79.82	C79.89
		C79.9	C7A	C7A.0	C7A.00
		C7A.01	C7A.010	C7A.011	C7A.012
		C7A.019	C7A.02	C7A.020	C7A.021
		C7A.022	C7A.023	C7A.024	C7A.025
		C7A.026	C7A.029	C7A.09	C7A.090
		C7A.091	C7A.092	C7A.093	C7A.094
		C7A.095	C7A.096	C7A.098	C7A.1
		C7A.8	C7B	C7B.0	C7B.00
		C7B.01	C7B.02	C7B.03	C7B.04
		C7B.09	C7B.1	C7B.8	C80
		C80.0	C80.1	C80.2	C81
		C81.0	C81.00	C81.01	C81.02
		C81.03	C81.04	C81.05	C81.06
		C81.07	C81.08	C81.09	C81.1
		C81.10	C81.11	C81.12	C81.13
		C81.14	C81.15	C81.16	C81.17
		C81.18	C81.19	C81.2	C81.20
		C81.21	C81.22	C81.23	C81.24
		C81.25	C81.26	C81.27	C81.28
		C81.29	C81.3	C81.30	C81.31
		C81.32	C81.33	C81.34	C81.35
		C81.36	C81.37	C81.38	C81.39
		C81.4	C81.40	C81.41	C81.42
		C81.43	C81.44	C81.45	C81.46
		C81.47	C81.48	C81.49	C81.7
		C81.70	C81.71	C81.72	C81.73
		C81.74	C81.75	C81.76	C81.77
		C81.78	C81.79	C81.9	C81.90
		C81.91	C81.92	C81.93	C81.94
		C81.95	C81.96	C81.97	C81.98
		C81.99	C82	C82.0	C82.00
		C82.01	C82.02	C82.03	C82.04
		C82.05	C82.06	C82.07	C82.08
		C82.09	C82.1	C82.10	C82.11
		C82.12	C82.13	C82.14	C82.15
		C82.16	C82.17	C82.18	C82.19
		C82.2	C82.20	C82.21	C82.22
		C82.23	C82.24	C82.25	C82.26
		C82.27	C82.28	C82.29	C82.3
		C82.30	C82.31	C82.32	C82.33
		C82.34	C82.35	C82.36	C82.37
		C82.38	C82.39	C82.4	C82.40

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C82.41	C82.42	C82.43	C82.44
		C82.45	C82.46	C82.47	C82.48
		C82.49	C82.5	C82.50	C82.51
		C82.52	C82.53	C82.54	C82.55
		C82.56	C82.57	C82.58	C82.59
		C82.6	C82.60	C82.61	C82.62
		C82.63	C82.64	C82.65	C82.66
		C82.67	C82.68	C82.69	C82.8
		C82.80	C82.81	C82.82	C82.83
		C82.84	C82.85	C82.86	C82.87
		C82.88	C82.89	C82.9	C82.90
		C82.91	C82.92	C82.93	C82.94
		C82.95	C82.96	C82.97	C82.98
		C82.99	C83	C83.0	C83.00
		C83.01	C83.02	C83.03	C83.04
		C83.05	C83.06	C83.07	C83.08
		C83.09	C83.1	C83.10	C83.11
		C83.12	C83.13	C83.14	C83.15
		C83.16	C83.17	C83.18	C83.19
		C83.3	C83.30	C83.31	C83.32
		C83.33	C83.34	C83.35	C83.36
		C83.37	C83.38	C83.39	C83.5
		C83.50	C83.51	C83.52	C83.53
		C83.54	C83.55	C83.56	C83.57
		C83.58	C83.59	C83.7	C83.70
		C83.71	C83.72	C83.73	C83.74
		C83.75	C83.76	C83.77	C83.78
		C83.79	C83.8	C83.80	C83.81
		C83.82	C83.83	C83.84	C83.85
		C83.86	C83.87	C83.88	C83.89
		C83.9	C83.90	C83.91	C83.92
		C83.93	C83.94	C83.95	C83.96
		C83.97	C83.98	C83.99	C84
		C84.0	C84.00	C84.01	C84.02
		C84.03	C84.04	C84.05	C84.06
		C84.07	C84.08	C84.09	C84.1
		C84.10	C84.11	C84.12	C84.13
		C84.14	C84.15	C84.16	C84.17
		C84.18	C84.19	C84.4	C84.40
		C84.41	C84.42	C84.43	C84.44
		C84.45	C84.46	C84.47	C84.48
		C84.49	C84.6	C84.60	C84.61
		C84.62	C84.63	C84.64	C84.65
		C84.66	C84.67	C84.68	C84.69
		C84.7	C84.70	C84.71	C84.72

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C84.73	C84.74	C84.75	C84.76
		C84.77	C84.78	C84.79	C84.7A
		C84.9	C84.90	C84.91	C84.92
		C84.93	C84.94	C84.95	C84.96
		C84.97	C84.98	C84.99	C84.A
		C84.A0	C84.A1	C84.A2	C84.A3
		C84.A4	C84.A5	C84.A6	C84.A7
		C84.A8	C84.A9	C84.Z	C84.Z0
		C84.Z1	C84.Z2	C84.Z3	C84.Z4
		C84.Z5	C84.Z6	C84.Z7	C84.Z8
		C84.Z9	C85	C85.1	C85.10
		C85.11	C85.12	C85.13	C85.14
		C85.15	C85.16	C85.17	C85.18
		C85.19	C85.2	C85.20	C85.21
		C85.22	C85.23	C85.24	C85.25
		C85.26	C85.27	C85.28	C85.29
		C85.8	C85.80	C85.81	C85.82
		C85.83	C85.84	C85.85	C85.86
		C85.87	C85.88	C85.89	C85.9
		C85.90	C85.91	C85.92	C85.93
		C85.94	C85.95	C85.96	C85.97
		C85.98	C85.99	C86	C86.0
		C86.1	C86.2	C86.3	C86.4
		C86.5	C86.6	C88	C88.0
		C88.2	C88.3	C88.4	C88.8
		C88.9	C90	C90.0	C90.00
		C90.01	C90.02	C90.1	C90.10
		C90.11	C90.12	C90.2	C90.20
		C90.21	C90.22	C90.3	C90.30
		C90.31	C90.32	C91	C91.0
		C91.00	C91.01	C91.02	C91.1
		C91.10	C91.11	C91.12	C91.3
		C91.30	C91.31	C91.32	C91.4
		C91.40	C91.41	C91.42	C91.5
		C91.50	C91.51	C91.52	C91.6
		C91.60	C91.61	C91.62	C91.9
		C91.90	C91.91	C91.92	C91.A
		C91.A0	C91.A1	C91.A2	C91.Z
		C91.Z0	C91.Z1	C91.Z2	C92
		C92.0	C92.00	C92.01	C92.02
		C92.1	C92.10	C92.11	C92.12
		C92.2	C92.20	C92.21	C92.22
		C92.3	C92.30	C92.31	C92.32
		C92.4	C92.40	C92.41	C92.42
		C92.5	C92.50	C92.51	C92.52

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)		C92.6	C92.60	C92.61	C92.62
		C92.9	C92.90	C92.91	C92.92
		C92.A	C92.A0	C92.A1	C92.A2
		C92.Z	C92.Z0	C92.Z1	C92.Z2
		C93	C93.0	C93.00	C93.01
		C93.02	C93.1	C93.10	C93.11
		C93.12	C93.3	C93.30	C93.31
		C93.32	C93.9	C93.90	C93.91
		C93.92	C93.Z	C93.Z0	C93.Z1
		C93.Z2	C94	C94.0	C94.00
		C94.01	C94.02	C94.2	C94.20
		C94.21	C94.22	C94.3	C94.30
		C94.31	C94.32	C94.4	C94.40
		C94.41	C94.42	C94.6	C94.8
		C94.80	C94.81	C94.82	C95
		C95.0	C95.00	C95.01	C95.02
		C95.1	C95.10	C95.11	C95.12
		C95.9	C95.90	C95.91	C95.92
		C96			
Home health care	Prior authorization required only in outpatient settings, to include a member's home.	99504	G0299	G0300	G0493
		G0494	G0495	G0496	S9474
		T1021	T1030	T1031	
		S9123			
Injectable medications	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** J0801 **Alyglo** J1552 **Aralast NP, Prolastin-C, Zemaira** J0256 **Avsola** Q5121 **Avtozma** Q5156 **Azmiro** J1072 **Benlysta** J0490 **Beovu** J0179			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Botulinum toxins** J0585 J0586 J0587 J0588 **Briumvi** J2329 **Byooviz** Q5124 **Cimerli** Q5128 **Cimzia*** J0717 **Cinqair** J2786 **Conexxence** Q5158 **Cosentyx** J3247 **Cutaquig** J1551 **Daxxify** J0589 **Encelto** J3403 **Entyvio** J3380 **Evenity** J3111 **Eylea HD** J0177 **Eylea** J0178 **Fasenra** J0517 **Fensolvi** J1951 **Feraheme** Q0138 **Firmagon** J9155 **Fylnetra** Q5130 **Glassia** J0257

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Ilaris** J0638 **Ilumya** J3245 **Imuldosa IV** Q5098 **Inflectra** Q5103 **Injectafer** J1439 **IVIG** 90283 90284 J1459 J1554 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 **Izervay** J2782 **Jubbonti** Q5136 **Korsuva** J0879 **Lanreotide** J1932 **Lemtrada** J0202 **Leqvio** J1306 **Lucentis** J2778 **Lupron Depot** J1950 **Lupron Depot, Eligard** J9217 **Lutrate_Depot****** J1954 **Monoferric** J1437 **Nplate** J2802

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Nucala** J2182 **Nulibry** J1809 **Nypozi** Q5148 **Ocrevus** J2350 **Ocrevus Zunovo** J2351 **Octreotide Acetate** J2354 **Omvoh** J2267 **Orencia** J0129 **Otulfi IV** Q9999 **Panzyga** J1576 **Parsabiv** J0606 **Pavblu** Q5147 **Prolia** J0897 **Pyzchiva IV** Q9997 **Purified Cortrophin Gel** J0802 **Qalsody** C9157 **Releuko** Q5152 **Remicade** J1745 **Renflexis** Q5104 **Riabni** Q5123

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		**Rituxan**			
		J9312			
		Rituxan Hycela			
		J9311			
		Ruxience			
		Q5119			
		Sandostatin LAR			
		J2353			
		Saphnelo			
		J0491			
		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			
		Stelara			
		J3358			
		Steqeyma IV			
		Q5099			
		Stoboclo			
		Q5157			
		Supprelin LA			
		J9226			
		Susvimo			
		J2779			
		Syfovre			
		J2781			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Injectable medications (cont.)		**Synagis*** 90378 **Tezspire** J2356 **Therapeutic radiopharmaceuticals*** A9590 A9606 A9699 A9607 A9587 A9615 **Tofidence** **Q5133** **Trelstar** J3315 **Tremfya IV** J1628 **Triptodur** J3316 **Truxima** Q5115 **Tyenne** Q5135 **Unclassified codes**** J3490 J3590 C9399 **Vabysmo** J2777 **Vyepti** J3032 **Wezlana IV** Q5138 **Xembify** J1558 **Xolair** J2357 **Yesintek IV** Q5100 **Zoladex** J9202 **Zymfentra** J1748 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**

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Injectable medications (cont.)		**Medication List**. Pre-determination is highly recommended for the drugs on this list. *Please obtain prior notification for Cimzia and Synagis through Optum Rx prior notification services at 800-310-6826. **For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Altuviiio, Cablivi, Ocrevus Zunovo, Pavblu, Ryplazim, Starjemza, Veopoz, and Xenpozyme. ***For prior authorization, please submit requests online by using the Please submit requests online using the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** to sign in. Or, you can call **888-397-8129**. ****For code J1954, Cancer DX is excluded from prior auth.			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required.	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487 J7330	24362 27120 27134 27446 29866 S2112	24363 27125 27137 27447 29867
Musculoskeletal	Prior authorization required.	**Shoulder surgery** 23470	23472	23473	23474
Non-emergent air ambulance transport	Carved out to the state.				
Orthognathic surgery Treatment of maxillofacial/ jaw functional impairment	Prior authorization required.	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics and prosthetics	Prior authorization required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than $500.	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		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	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
Outpatient therapy	Prior authorization required after the 12th visit for members **21 and older.**				
Physician supervision	Prior authorization required.	**Chronic care management services** 99424	99425	99437	99491
Potentially unproven services	Prior authorization required.	33289	C2624		
Private duty nursing	Prior authorization required.	T1000			
Prostate procedure	Prior authorization required.	37243	53850	53852	55873
Radiation therapy	Prior authorization required.	**IGRT** 77387 **Proton beam** Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Radiation therapy (cont.)		77520 77522 77523 77525 **Special/associated services** 77331 77370 77399 77470 **SRS/SBRT** 77371 77372 77373 **Standard radiation therapy (2D/3D)** Prior authorization required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92 77402 77407 77412 **Y90** Implantable Beta-Emitting Microspheres for treatment of malignant tumors 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 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 see **Radiology Prior Authorization and Notification.**
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required.	30400 30410 30420 30430 30435 30450 30460 30462 30465
Shoulder surgery	Prior authorization required. SOS applies to all codes in this category	**Musculoskeletal system** 29805 29806 29807 29819 29820 29822 29823 29824 29825 29826 29827 29828
Sinuplasty	Prior authorization required.	31298
Site of service (SOS) - outpatient hospital	Prior authorization only required when requesting	**Auditory system** 69205 **Cardiovascular system** 36590 36832

United Healthcare Community Plan

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Site of service (SOS) - Outpatient hospital (cont.)	service in an outpatient hospital setting. Prior authorization not required if performed at a participating ambulatory surgery center (ASC).	**Carpal tunnel surgery** 64721 **Cataract surgery** 66821 66982 66984 66987 66988 **Colonoscopy** 45378 45380 45384 45385 **Cosmetic and reconstructive** 13101 13132 14040 14060 14301 21552 21931 **Digestive system** 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 **Ear, nose and throat (ENT) procedures** 21320 30140 30520 69436 69631 **Eye and ocular adnexa system** 65710 65820 66250 66710 66711 66825 66986 67010 67041 67042 67105 67108 67113 67840 68110 68115 68320 68720 68815 **Gynecologic procedures** 57240 57250 57461 57520 57522 58353 58558 58561 58562 58563 58565 **Hemic and lymphatic system** 38500 38510 38525 **Hernia repair** 49505 49585 49587 49650 49651 49652 49653 49654 49655 **Integumentary system**

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) - Outpatient hospital (cont.)		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver biopsy			
		47000			
		Male genital system			
		54840			
		Miscellaneous			
		20680			
		Musculoskeletal system			
		20552	20553	21012	21013
		21336	21554	21555	21556
		21930	22514	22902	22903
		23071	23075	24071	27327
		27337	27632	28035	28039
		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	28285	29835	29840
		29845	29846	29848	29861
		29875	29876	29877	29879
		29880	29881	29882	29888
		29893	G0260		
		Nervous system			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory system			
		30802	30930	31525	31535
		31536	31541	31624	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization			
Site of service (SOS) - Outpatient hospital (cont.)		52352 55040	52353 57288	52356	54161
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required.	21685	41599	42145	
Spinal surgery	Prior authorization required.	22100 22112 22210 22224 22533 22556 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306 22865	22101 22114 22212 22510 22548 22558 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307	22102 22206 22214 22513 22551 22586 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22110 22207 22220 22532 22554 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 0098T
Sterilization	Prior authorization required.	58150 58262 58275 58542 58552 58572	58152 58263 58290 58543 58553 58573	58180 58267 58291 58544 58570	58260 58270 58292 58550 58571

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required.	**Bone-growth stimulator** E0747 E0748 E0749 E0760 **Neurostimulator** 43881 43882 61863 61864 61867 61868 61885 61886 63650 63655 63685 64553 64555 64568 64570 64590 L8680 L8682 L8685 L8686 L8687 L8688
Transplants	Prior authorization required.	For transplant and CAR T-cell therapy services including Carvykti (ciltacabtagene autoleucel), please call the Optum 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 S2060 S2061 S2152 J3402 *Code 38232 will only require prior authorization for an oncology diagnosis.
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 36475 36478 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. Then, fax the form provided

Procedures and Services	Additional Information	CPT® or HCPCS codes and/or How to obtain prior authorization
Ventricular assist devices (VAD) (cont.) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		by the nurse to the Optum VAD Case Management team at 855-282-8929. 33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509
Wound vac	Prior authorization required.	E2402