Prior authorization requirements for UnitedHealthcare Community Plan of Michigan, Healthy Michigan Plan and

Children's Special Health Care Services

Effective October 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Michigan, Healthy Michigan Plan (HMP) and Children's Special Health Care Services (CSHCS) health care professionals providing inpatient and outpatient services. Please submit your requests 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 at 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 **800-903-5253**
- **Fax:** 855-225-9847 — A fax form is available at **Prior Authorization Paper Fax Forms**

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

Note: Exceptions to this process are orthopedic physician services, medically necessary obstetric physician services and 23-hour observation where prior authorization is not needed.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Abortion	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Bone growth stimulator Electronic stimulation or ultrasound to heal	Prior authorization required	20975			

United Healthcare Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
fractures					
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370
Cancer supportive care	No prior authorization required				
Cardiovascular	Prior authorization required	37220 37226 37230	37221 37227 37231	37224 37228	37225 37229
		Diagnosis (Dx) <u>not</u> required for prior authorization			
		E08.52 E13.52 I70.228 I70.233 I70.239 I70.244 I70.25 I70.268 I70.323 I70.333 I70.339 I70.344 I70.35 I70.369 I70.428 I70.433 I70.439 I70.444 I70.461 I70.469 I70.528 I70.533 I70.539 I70.544 I70.561 I70.569 I70.628 I70.633 I70.639 I70.644 I70.661	E09.52 I70.221 I70.229 I70.234 I70.241 I70.245 I70.261 I70.269 I70.329 I70.334 I70.341 I70.345 I70.361 I70.421 I70.429 I70.434 I70.441 I70.445 I70.462 I70.521 I70.529 I70.534 I70.541 I70.545 I70.562 I70.621 I70.629 I70.634 I70.641 I70.645 I70.662	E10.52 I70.222 I70.231 I70.235 I70.242 I70.248 I70.262 I70.321 I70.331 I70.335 I70.342 I70.348 I70.362 I70.422 I70.431 I70.435 I70.442 I70.448 I70.463 I70.522 I70.531 I70.535 I70.542 I70.548 I70.563 I70.622 I70.631 I70.635 I70.642 I70.648 I70.663	E11.52 I70.223 I70.232 I70.238 I70.243 I70.249 I70.263 I70.322 I70.332 I70.338 I70.343 I70.349 I70.363 I70.423 I70.432 I70.438 I70.443 I70.449 I70.468 I70.523 I70.532 I70.538 I70.543 I70.549 I70.568 I70.623 I70.632 I70.638 I70.643 I70.649 I70.668

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Centers for Medicare & Medicaid Services (CMS) inpatient-only procedures	Services determined by CMS to be inpatient only must be requested as inpatient. If performed as outpatient procedures, they're not payable according to CMS Outpatient Prospective Payment System guidelines. For a list of inpatient-only codes, please visit **cms.gov**> Medicare > Medicare Fee for Service Payment > Hospital Outpatient PPS > Addendum A and Addendum B Updates > Addendum B (most recent copy) > Status Indicator (SI) C in column D				
Chemotherapy	No prior authorization required				
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8691	69714 L8692	69930	L8619
Continuous glucose monitor	Prior authorization required with type 2 and gestational diabetes diagnosis	A4238 A9278	A4239 E2102	A9276 E2103	A9277
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or	Prior authorization required	11960 14061* 15823 15878 17108 21139 21180 21184 21275	14020* 15820 15830 15879 17999 21172 21181 21230 21280	14021* 15821 15847 17106 21137 21175 21182 21235 21282	14041 15822 15877 17107 21138 21179 21183 21256 21295

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21740 30620 67903 67909 67915 67922 67961	21742 67900 67904 67911 67916 67923 67966	21743 67901 67906 67912 67917 67924 Q2026	28344 67902 67908 67914 67921 67950 * Will **not** require prior authorization when billed with skin cancer diagnoses.
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or 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 section. *J&B Medical Supply Company, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call 800-737-0045.	A9900 E0277 E0465 E0483 E0641 E0669 E0766 E1002 E1006 E1010 E1231 E1235 E1239 E2301 E2327 E2373 E2599 E8002 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 K1031 V5274	E0194 E0328 E0466 E0636 E0642 E0670 E0784* E1003 E1007 E1030 E1232 E1236 E2100 E2310 E2329 E2510 E2626 K0005 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K1024 K1032	E0265 E0329 E0470 E0637 E0652 E0700 E0984 E1004 E1008 E1161 E1233 E1237 E2230 E2311 E2331 E2511 E8000 K0108 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K1025 K1033	E0266 E0457 E0471 E0638 E0656 E0710 E0986 E1005 E1009 E1229 E1234 E1238 E2298 E2325 E2351 E2512 E8001 K0606 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 K1030 S1040
Durable medical equipment (DME) — catheter supplies	Catheter supplies are a benefit only when provided through J&B Medical Supply Company,	To request catheter supplies, please call J&B Medical Supply at 800-737-0045.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	Inc.	
Durable medical equipment (DME) — diabetic supplies to include external insulin pumps	J&B Medical Supply Company, Inc. is the preferred vendor for diabetic supplies and external insulin pumps.	To request diabetic supplies, please call J&B Medical Supply at 800-737-0045.
Durable medical equipment (DME) — electric breast pumps	J&B Medical Supply Company, Inc. is the preferred vendor for electric breast pumps.	To request electric breast pumps, please call J&B Medical Supply at 800-737-0045.
Durable medical equipment (DME) — incontinence supplies	Incontinence supplies are a benefit only when provided through J&B Medical Supply Company, Inc.	To request incontinence supplies, please call J&B Medical Supply at 800-737-0045.
Durable medical equipment (DME) — respiratory supplies **Durable medical equipment (DME) — respiratory supplies (cont.)**	Respiratory supplies are a benefit only when provided through Binson's Hospital Supplies or Binson's Medical Equipment, Inc.	To request respiratory supplies, please call Binson's Medical Equipment & Supplies at 888-246-7667.
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4035 B4036 B4102 B4149 B4150 B4152 B4153 B4155 B4158 B4159 B4160 B4161 B9002 B9998
Experimental and investigational (and/or linked services)	Prior authorization required	33477 36514 64722 66180 S2102
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 and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.	81162 81163 81164 81228 81229 81277 81400 81401 81402 81403 81404 81405 81406 81407 81408 81415 81416 81417 81425 81426

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	Care providers requesting laboratory testing will be required to complete the prior authorization process, which includes indicating the laboratory 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. Prior authorization is 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.	81441 81451 81459 81479 81521 81599 0037U 0242U	81445 81455 81462 81518 81522 87505 0060U	81449 81457 81463 81519 81523 87506 0094U	81450 81458 81464 81520 81546 87507 0239U
Home health care	Prior authorization required For services rendered by a home health agency, bill type 03xx.	All Michigan Medicaid allowable codes including, but not limited to, the following: G0299 G0495	G0300 G0496	G0493	G0494
Hysterectomy	Prior authorization required	58150 58262 58290 58543 58553 58573	58152 58263 58291 58544 58570	58180 58267 58292 58550 58571	58260 58270 58542 58552 58572
In-home services	Prior authorization required Includes all professional and/or ancillary services performed in a home setting, with the exception of DME (refer to the DME section above) and sleep studies	All Michigan Medicaid allowable codes			
Injectable	Prior authorization	**Actemra**			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
medications	required	J3262 **Adakveo** J0791 **Adzynma** J7171 **Acthar** J0801 **Aldurazyme** J1931 **Amvuttra** J0225 **Aralast NP, Prolastin-C, Zemaira** J0256 **Avsola** Q5121 **Benlysta** J0490 **Berinert** J0597 **Bkemv** Q5152 **Botulinum toxins** J0585 J0586 J0587 J0588 **Brineura** J0567 **Briumvi** J2329 **Cerezyme** J1786 **Cimerli** Q5128 **Cimzia** J0717 **Cinqair** J2786 **Cinryze** J0598 **Cortrophin gel** J0802

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Cosentyx IV** J3247 **Cryvista** J0584 **Cutaquig** J1551 **Daxxify** J0589 **Elaprase** J1743 **Elelyso** J3060 **Encelto** J3403 **Enjaymo** J1302 **Entyvio** J3380 **Epysqli** Q5151 **Evenity** J3111 **Eylea HD** J0177 **Fabrazyme** J0180 **Fasenra** J0517 **Feraheme** Q0138 **Fensolvi** J1951 **Firmagon** J9155 **Fylnetra** Q5130 **Gamifant** J9210 **Glassia**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0257 **Givlaari** J0223 **Hemlibra** J7170 **Hemgenix** J1411 **Hympavzi** J7172 **Ilaris** J0638 **Ilumya** J3245 **Imuldosa IV** Q5098 **Inflectra** Q5103 **Injectafer** J1439 **Intravenous immunoglobulin (IVIG)** 90283 90284 J1459 J1552 J1554 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 **Izervay** J2782 **Jubbonti** Q5136 **Kalbitor** J1290 **Kanuma** J2840 **Kisunla** J0175 **Korsuva** J0879 **Krystexxa** J2507 **Lanreotide** J1932

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Lemtrada** J0202 **Leqembi** J0174 **Leqvio** J1306 **Lumizyme** J0221 **Lupron Depot** J1950 **Lupron Depot, Eligard** J9217 **Lutrate Depot** J1954 **Mepsevii** J3397 **Naglazyme** J1458 **Nexviazyme** J0219 **Niktimvo** J9038 **Nplate** J2802 **Nucala** J2182 **Nulibry** J1809 **Nypozi** Q5148 **Ocrevus** J2350 **Ocrevus Zunovo** J2351 **Octreotide acetate** J2354 **Omvoh** J2267 **Onpattro**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0222 **Orencia** J0129 **Otulfi IV** Q9999 **Panzyga** J1576 **Parsabiv** J0606 **Pavblu** Q5147 **PiaSky** J1307 **Pombiliti** J1203 **Prolia** J0897 **Qalsody** J1304 **Radicava** J1301 **Reblozyl** J0896 **Remicade** J1745 **Renflexis** Q5104 **Revcovi** J3590 **Riabni** Q5123 **Rituxan** J9312 **Rituxan Hycela** J9311 **Rolvedon** J1449 **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			
		Selardsdi			
		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			
		Stimufend			
		Q5127			
		Supprelin LA			
		J9226			
		Syfovre			
		J2781			
		Synagis			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		90378 **Tepezza** J3241 **Tezspire** J2356 **Therapeutic radiopharmaceuticals**** A9607 **Tofidence** Q5133 **Trelstar** J3315 **Tremfya IV** J1628 **Triptodur** J3316 **Truxima** Q5115 **Tyenne** Q5135 **Tzield** J9381 **Ultomiris** J1303 **Unclassified and temporary codes*** C9157 C9166 C9399 J3490 J3590 **Intravitreal vascular endothelial growth factor (VEGF)** J0178 J0179 J2777 J2778 J2779 Q5124 **Veopoz** J9376 **Vyjuvek** J3401 **Vyvgart** J9332 **Vyvgart Hytrulo** J9334 **Wezlana IV** Q5138 **White blood cell colony-stimulating factors**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		Xembify			
		J1558			
		Xenpozyme			
		J0218			
		Xolair			
		J2357			
		Yesintek IV			
		Q5100			
		Zoladex			
		J9202			
		Please check our **Review at Launch for New to Market Medications** policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our **Review at Launch Medication List**. Pre-determination is highly recommended for the drugs on the list. Please obtain prior notification for Cimzia and Synagis through Optum Rx® prior notifications services at 800-310-6826. * For unclassified and temporary codes C9157, C9166, C9399, J3490 and J3590, prior authorization is only required Elfabrio ** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, you can call **888-397-8129**.			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868			
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/ jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		21246 21255	21247 21296	21248 21299	21249
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than $500	L0112 L0464 L0486 L0632 L0638 L1000 L1499 L1720 L1832 L1845 L1950 L2020 L2037 L2108 L2627 L3649 L3740 L4000 L5010 L5100 L5200 L5250 L5312 L5500 L5530 L5570 L5600 L5639 L5646 L5682 L5703 L5718 L5728 L5818 L5830 L5966 L5981 L5999 L6050 L6130 L6350 L6550	L0170 L0480 L0624 L0634 L0640 L1005 L1680 L1730 L1834 L1846 L1970 L2030 L2038 L2136 L2628 L3674 L3900 L4010 L5020 L5105 L5210 L5270 L5321 L5505 L5535 L5580 L5610 L5640 L5648 L5683 L5705 L5722 L5780 L5822 L5845 L5976 L5982 L6000 L6100 L6200 L6400 L6570	L0456 L0482 L0629 L0636 L0700 L1200 L1700 L1755 L1840 L1860 L2000 L2034 L2060 L2350 L3230 L3720 L3904 L4020 L5050 L5150 L5220 L5280 L5331 L5510 L5540 L5590 L5613 L5642 L5653 L5700 L5706 L5724 L5812 L5824 L5962 L5979 L5984 L6010 L6110 L6250 L6450 L6623	L0462 L0484 L0631 L0637 L0710 L1300 L1710 L1820 L1844 L1945 L2010 L2036 L2106 L2510 L3265 L3730 L3999 L4631 L5060 L5160 L5230 L5301 L5341 L5520 L5560 L5595 L5616 L5644 L5673 L5702 L5716 L5726 L5816 L5828 L5964 L5980 L5990 L6020 L6120 L6300 L6500 L6646

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L6692 L6693 L6694 L6695 L6696 L6697 L6707 L6708 L6709 L6711 L6712 L6713 L6714 L6881 L6883 L6884 L6885 L6895 L6935 L7186 L8499			
Outpatient therapy	Prior authorization is required for any services above and beyond the benefit maximum: • 144 units per calendar year for physical therapy • 144 units per calendar year for occupational therapy • 36 visits for speech therapies per calendar year • Care providers may call or fax: – Phone: 800-903-5253 – Fax: 855-225-9847 Speech therapy is not a covered benefit if being provided to meet developmental milestones.				
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization is required for dates of service on or after April 1, 2022.	37243 52441 52442 53850 53852 55873 55874			
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal	Prior authorization required	30400 30410 30420 30430 30435 30450 30460 30462 30465			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
deviation		
Shoulder surgery	Prior authorization required	**Musculoskeletal** 23470 23472 23473 23474 29805 29820 29806 29807 29819 29822 29823 29824 29825 29826 29827 29828
Sinuplasty	Prior authorization required	31295 31296 31297 31298
Site of service (SOS) — outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is <u>not</u> required if performed at a participating ambulatory surgery center (ASC).	**Auditory system** 69205 **Cardiovascular system** 36590 36832 **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** 65710 65820 66250 66710 66711 66825 66986 67010 67041 67042 67105 67108 67113 67840 68110 68115 68320 68720 68815 **Female genital system**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		57240	57250	57461	57520
		58561	58562		
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hemic and lymphatic systems			
		38500	38510	38525	
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Integumentary system			
		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	28289	28292
		28296	28297	28298	28299
		29835	29840	29845	29846
		29848	29861	29875	29876
		29877	29879	29880	29881
		29882	29888	29893	G0260
		* For dates of service on or after April 1, 2022, prior authorization will be required in all places of service under spinal surgery service category. Site of Service will also apply.			
		Nervous system			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory system			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		30802	30930	31525	31535
		31536	31541	31624	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper gastrointestinal endoscopy			
		43235	43239	43249	
		Urinary system			
		52276	52287	52320	52344
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Spinal surgery (cont.)		63267 63268 63270 63271 63272 63286 63300 63301 63302 63303 63304 63305 63306 63307 63308
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	**Bone growth stimulator** E0747 E0748 E0760 **Neurostimulator** 43648 43881 43882 61863 61864 61867 61868 61885 61886 63650 63655 63685 64555 64568 64570 64590
Transplants	Prior authorization required Inpatient transplant procedures carved out to state	For transplant and CAR T-cell therapy services including Carvykti™ (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil and Yescarta® (axicabtagene ciloleucel), please call the Optum Transplant Case Management team at 888-936-7246 or the 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 J3394 J3402 S2060 S2061 S2152 **CAR T-cell therapy:** J9999 Q2056 *Code 38232 will only require prior authorization for an oncology diagnosis. **Transplants Unclassified*:** C9301 J3490 J3590 *Aucatzyl, Zevaskyn
Vein procedures Removal and ablation of the main trunks and named branches of	Prior authorization required	36473 36475 36478 37700 37718 37722 37765 37766 37780

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
the saphenous veins for treating venous disease and varicose veins of the extremities		
Ventricular assist services (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929. 33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509
Wound vac	Prior authorization required	E2402