

Prior authorization requirements for Mississippi –Mississippi Coordinated Access Network

(MississippiCAN)

Effective Sept. 1, 2023

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Mississippi Coordinated Access Network for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard.
- **Phone: 877-842-3210**
- **Fax: 888-310-6858**

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.

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|--|--|-------|-------|-------|
| Behavioral health services | <p>Prior authorization required</p> <p>Our benefit plans provide coverage for behavioral health services through Optum Behavioral Health network.</p> <p>For more information, go to providerexpress.com> Guidelines/Policies & Manuals > State-Specific Manuals and Addendums > MS CAN Manual</p> | <p>For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.</p> <ul style="list-style-type: none"> • For ABA Therapy, submit via fax or Provider Express | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20975 | 20979 | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy | Prior authorization required | 11971 | 19318 | 19328 | 19330 |
| | | 19340 | 19342 | 19350 | 19357 |
| | | 19361 | 19364 | 19367 | 19368 |
| | | 19369 | 19370 | 19371 | 19380 |
| | | L8600 | | | |
| Cancer supportive care | Prior authorization required | <p><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></p> <p>Filgrastim (Neupogen®)</p> <p>J1442</p> <p>Filgrastim-aafi (Nivestym™)</p> | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization |
|--------------------------------|---|---|
| Cancer supportive care (cont.) | | Q5110 |
| | | Filgrastim-ayow (Releuko®) |
| | | Q5125 |
| | | Filgrastim-sndz (Zarxio®) |
| | | Q5101 |
| | | Eflapegrasstim-xnst (Rolvedon®) |
| | | J1449 |
| | | Pegfilgrastim (Neulasta®) |
| | | J2506 |
| | | Pegfilgrastim-apgf (Nyvepria™) |
| | | Q5122 |
| | | Pegfilgrastim-bmez (Ziextenzo®) |
| | | Q5120 |
| | | Pegfilgrastim-cbqv (UDENYCA™) |
| | | Q5111 |
| | | Pegfilgrastim-jmdb (Fulphila™) |
| | | Q5108 |
| | | Sargramostim (Leukine®) |
| | | J2820 |
| | | Tbo-filgrastim (Granix®) |
| | | J1447 |
| | | Trilaciclib (Cosela™) |
| | | J1448 |
| | | <u>Anti-emetic Drugs that require prior authorization:</u> |
| | | Akynzeo® (palonosetron/fosnetupitant) |
| | | J1454 |
| | | J1456 |
| | | Cinvanti™ (aprepitant) |
| | | J0185 |
| | | Emend® (fosaprepitant) |
| | J1453 | |
| | Sustol® (granisetron extended release) | |
| | J1627 | |
| | <u>Bone-modifying agent that requires prior authorization:</u> | |
| | Denosumab (Xgeva®) | |
| | J0897 | |
| | <u>Erythropoiesis-Stimulating Agents</u> | |
| | J0885 | |
| | | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization |
|-------------------------|------------------------|---|
|-------------------------|------------------------|---|

the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or, 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

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call **866-889-8054**.

For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MScommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.

Cardiovascular

Prior authorization required

- | | | | |
|--------|--------|--------|--------|
| 37220* | 37221* | 37224* | 37225* |
| 37226* | 37227* | 37228* | 37229* |
| 37230* | 37231* | 93580 | |

*Prior authorization not required for the following diagnosis

- | | | | |
|---------|---------|---------|---------|
| E08.52 | E09.52 | E10.52 | E11.52 |
| E13.52 | I70.221 | I70.222 | I70.223 |
| I70.228 | I70.229 | I70.231 | I70.232 |
| I70.233 | I70.234 | I70.235 | I70.238 |
| I70.239 | I70.241 | I70.242 | I70.243 |
| I70.244 | I70.245 | I70.248 | I70.249 |
| I70.25 | I70.261 | I70.262 | I70.263 |
| I70.268 | I70.269 | I70.321 | I70.322 |
| I70.323 | I70.329 | I70.331 | I70.332 |
| I70.333 | I70.334 | I70.335 | I70.338 |
| I70.339 | I70.341 | I70.342 | I70.343 |
| I70.344 | I70.345 | I70.348 | I70.349 |
| I70.35 | I70.361 | I70.362 | I70.363 |
| I70.369 | I70.421 | I70.422 | I70.423 |
| I70.428 | I70.429 | I70.431 | I70.432 |
| I70.433 | I70.434 | I70.435 | I70.438 |
| I70.439 | I70.441 | I70.442 | I70.443 |
| I70.444 | I70.445 | I70.448 | I70.449 |
| I70.461 | I70.462 | I70.463 | I70.468 |
| I70.469 | I70.521 | I70.522 | I70.523 |
| I70.528 | I70.529 | I70.531 | I70.532 |
| I70.533 | I70.534 | I70.535 | I70.538 |
| I70.539 | I70.541 | I70.542 | I70.543 |
| I70.544 | I70.545 | I70.548 | I70.549 |
| I70.561 | I70.562 | I70.563 | I70.568 |
| I70.569 | I70.621 | I70.622 | I70.623 |
| I70.628 | I70.629 | I70.631 | I70.632 |
| I70.633 | I70.634 | I70.635 | I70.638 |
| I70.639 | I70.641 | I70.642 | I70.643 |



| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------|------------------------|---|----------|----------|----------|
| Cardiovascular (cont.) | | 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 |
| | | 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 | | | |

Chemotherapy

Prior authorization required for injectable chemotherapy

Injectable chemotherapy drugs that require prior authorization:

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------|------------------------|---|--|--|--|
|-------------------------|------------------------|---|--|--|--|

| | | | | | | |
|-----------------------------|--|---|--|--|--|--|
| Chemotherapy (cont.) | drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis | <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950), Leuprolide (J1952) Chemotherapy injectable drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code | | | | |
|-----------------------------|--|---|--|--|--|--|

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.

| | | | | | | |
|---------------------|------------------------------|-------|--|--|--|--|
| Circumcision | Prior authorization required | 54161 | | | | |
|---------------------|------------------------------|-------|--|--|--|--|

| | | | | | | |
|---|------------------------------|-------|-------|-------|-------|--|
| Cochlear implants and other auditory implants | Prior authorization required | 69714 | 69930 | L8614 | L8619 | |
| A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech | | L8690 | L8691 | L8692 | | |

| | | | | | | |
|--|------------------------------|--------|--------|--------|-------|--|
| Cosmetic and reconstructive | Prior authorization required | 11960 | 14020* | 14021* | 14041 | |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function | | 14061* | 15820 | 15821 | 15822 | |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 15823 | 15830 | 15847 | 17106 | |
| | | 17107 | 17108 | 17999 | 21137 | |
| | | 21138 | 21139 | 21172 | 21175 | |
| | | 21179 | 21180 | 21181 | 21182 | |
| | | 21183 | 21184 | 21230 | 21235 | |
| | | 21256 | 21275 | 21280 | 21282 | |
| | | 21295 | 21740 | 21742 | 21743 | |
| | | 28344 | 30620 | 67900 | 67901 | |
| | | 67902 | 67903 | 67904 | 67906 | |
| | | 67908 | 67909 | 67911 | 67912 | |
| | | 67914 | 67915 | 67916 | 67917 | |
| | | 67921 | 67922 | 67923 | 67924 | |
| | | 67950 | 67961 | 67966 | | |

*Prior authorization not required when billed with the following diagnosis codes:

- | | | | |
|----------|----------|----------|----------|
| C43.0 | C43.10 | C43.111 | C43.112 |
| C43.121 | C43.122 | C43.20 | C43.21 |
| C43.22 | C43.30 | C43.31 | C43.39 |
| C43.4 | C43.51 | C43.52 | C43.59 |
| C43.60 | C43.61 | C43.62 | C43.70 |
| C43.71 | C43.72 | C43.8 | C43.9 |
| C44.01 | C44.02 | C44.09 | C44.101 |
| C44.1021 | C44.1022 | C44.1091 | C44.1092 |
| C44.111 | C44.1121 | C44.1122 | C44.1191 |



| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------------------|--|---|----------|----------|----------|
| Cosmetic and reconstructive (cont.) | | 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 |
| | | C44.629 | C44.691 | C44.692 | C44.699 |
| | | C44.701 | C44.702 | C44.709 | C44.711 |
| | | C44.712 | C44.719 | C44.721 | C44.722 |
| | | C44.729 | C44.791 | C44.792 | C44.799 |
| | | C44.80 | C44.81 | C44.82 | C44.89 |
| | | C44.90 | C44.91 | C44.92 | C44.99 |
| | | C46.0 | C4A.0 | C4A.10 | C4A.111 |
| | | C4A.112 | C4A.121 | C4A.122 | C4A.20 |
| | | C4A.21 | C4A.22 | C4A.30 | C4A.31 |
| | | C4A.39 | C4A.4 | C4A.51 | C4A.51 |
| | | C4A.52 | C4A.52 | C4A.59 | C4A.60 |
| | | C4A.61 | C4A.62 | C4A.70 | C4A.71 |
| | | C4A.72 | C4A.8 | C4A.9 | C79.2 |
| | | D03.51 | D03.52 | D04.0 | D04.10 |
| | | D04.111 | D04.112 | D04.121 | D04.122 |
| | | D04.20 | D04.21 | D04.22 | D04.30 |
| | | D04.39 | D04.4 | D04.5 | D04.60 |
| | | D04.61 | D04.62 | D04.70 | D04.71 |
| | | D04.72 | D04.8 | D04.9 | |
| Durable medical equipment (DME) | Prior authorization required only for DME codes listed with a billed amount or cumulative rental cost of more than \$500 – outpatient only Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . | A9280 | A9900 | 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 |
| | E0700 | E0710 | E0745 | E0762 | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|---|---|-------|-------|-------|
| Durable medical equipment (DME) (cont.) | | E0764 | E0784 | E0787 | E0984 |
| | | E0986 | E1002 | E1003 | E1004 |
| | | E1005 | E1006 | E1007 | E1008 |
| | | E1009 | E1010 | E1030 | E1035 |
| | | E1036 | E1130 | E1161 | E1220 |
| | | E1229 | E1231 | E1232 | E1233 |
| | | E1234 | E1235 | E1236 | E1237 |
| | | E1238 | E1239 | E1399 | E1825 |
| | | E2100 | E2227 | E2228 | E2230 |
| | | E2300 | 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 |
| | | K0825 | K0830 | K0831 | K0848 |
| | | K0849 | K0850 | K0851 | K0852 |
| | | K0853 | K0854 | K0855 | K0856 |
| | | K0857 | K0858 | K0859 | K0860 |
| | | K0861 | K0862 | K0863 | K0864 |
| | | K0868 | K0869 | K0870 | K0871 |
| | | K0877 | K0878 | K0879 | K0880 |
| | | K0884 | K0885 | K0886 | K0890 |
| | | K0891 | S1040 | T5999 | V5281 |
| | | V5282 | V5283 | V5286 | V5287 |
| | V5288 | V5290 | | | |
| Elective/planned inpatient admissions | Prior authorization required at least 5 business days prior to non-urgent and/or outpatient services | | | | |
| Emergent/urgent inpatient admissions | Prior authorization not required for urgent or emergent inpatient admissions – however, notification of admissions required within 24 hours | | | | |
| Enteral and parenteral services | Prior authorization required | B4034 | B4035 | B4036 | B9002 |
| In-home nutritional therapy, either enteral or through a gastrostomy tube | Some enteral and parenteral products are priced as point-sale-items through pharmacy benefits and are dispensed through a retail pharmacy under contract with OptumRx. You can find a list of these products at medicaid.ms.gov > | B9998 | B9999 | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|---|--|--|--|--|
| | Providers > Pharmacy > Mississippi Preferred Drug List (PDL). | | | | |
| Expanded early and periodic screening, diagnostic and treatment (EPSDT) | <p>Prior authorization required for non-covered codes for members younger than age 21</p> <p>For more information, please review the Administrative Code: Part 200 at medicaid.ms.gov > Providers > Administrative Code > Administrative Code Parts > Part 200: General Provider Information > Chapter 2: Benefits > Rule 2.2 Non-Covered Services.</p> | | | | |
| Experimental and investigational (and/or linked services) | Prior authorization required | 33477 A4226 E1831 | 36514 A6000 | 64722 A9274 | 66180 E0231 |
| Femoroacetabular impingement syndrome (FAI) | Prior authorization required | 29914 | 29915 | 29916 | |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 31256 31276 | 31253 31257 31287 | 31254 31259 31288 | 31255 31267 |
| Genetic and molecular testing to include BRCA gene testing | <p>Prior authorization is required for genetic and molecular testing performed in an outpatient setting</p> <p>Care providers 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 those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.</p> <p>Notification/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.</p> | 81105 81109 81121 81164 81171 81175 81179 81183 81187 81191 81200 81205 81218 81224 81228 81232 81237 81241 81245 81249 81253 81257 | 81106 81110 81161 81167 81172 81176 81180 81184 81188 81192 81201 81208 81220 81225 81229 81233 81238 81242 81246 81250 81254 81258 | 81107 81111 81162 81168 81173 81177 81181 81185 81189 81193 81203 81209 81222 81226 81230 81234 81239 81243 81247 81251 81255 81259 | 81108 81120 81163 81170 81174 81178 81182 81186 81190 81194 81204 81216 81223 81227 81231 81236 81240 81244 81248 81252 81256 81260 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|------------------------------|---|-------|-------|-------|
| Genetic and molecular testing to include BRCA gene testing (cont.) | | 81261 | 81262 | 81263 | 81264 |
| | | 81265 | 81266 | 81267 | 81268 |
| | | 81269 | 81271 | 81272 | 81273 |
| | | 81274 | 81276 | 81277 | 81278 |
| | | 81279 | 81283 | 81284 | 81285 |
| | | 81286 | 81287 | 81288 | 81289 |
| | | 81290 | 81291 | 81292 | 81294 |
| | | 81295 | 81297 | 81298 | 81300 |
| | | 81302 | 81303 | 81304 | 81305 |
| | | 81306 | 81307 | 81309 | 81310 |
| | | 81312 | 81313 | 81314 | 81315 |
| | | 81316 | 81317 | 81318 | 81319 |
| | | 81320 | 81321 | 81322 | 81323 |
| | | 81324 | 81325 | 81326 | 81327 |
| | | 81328 | 81329 | 81330 | 81331 |
| | | 81332 | 81333 | 81334 | 81335 |
| | | 81336 | 81337 | 81338 | 81339 |
| | | 81340 | 81341 | 81342 | 81343 |
| | | 81344 | 81345 | 81346 | 81347 |
| | | 81348 | 81350 | 81351 | 81352 |
| | | 81353 | 81355 | 81357 | 81360 |
| | | 81361 | 81362 | 81363 | 81364 |
| | | 81370 | 81371 | 81372 | 81373 |
| | | 81375 | 81376 | 81377 | 81378 |
| | | 81379 | 81380 | 81381 | 81382 |
| | | 81383 | 81400 | 81401 | 81402 |
| | | 81403 | 81404 | 81405 | 81406 |
| | | 81407 | 81408 | 81410 | 81411 |
| | | 81412 | 81413 | 81414 | 81415 |
| | | 81416 | 81417 | 81419 | 81420 |
| | | 81430 | 81431 | 81432 | 81433 |
| | | 81434 | 81435 | 81436 | 81437 |
| | | 81438 | 81439 | 81440 | 81442 |
| | | 81443 | 81445 | 81448 | 81460 |
| | | 81465 | 81470 | 81471 | 81479 |
| | | 81507 | 81518 | 81519 | 81520 |
| | 81521 | 81546 | 81554 | 81595 | |
| | 81599 | | | 87505 | |
| | 87506 | 87507 | | | |
| | | 87623 | | | |
| | | | | S3870 | |
| Hearing aids | Prior authorization required | 92591 | 92595 | V5010 | V5014 |
| | | V5030 | V5040 | V5050 | V5060 |
| | | V5100 | V5120 | V5254 | V5255 |
| | | V5256 | V5257 | V5258 | V5259 |
| | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------------|-------------------------------|---|-------|-------|-------|
| Hearing aids (cont.) | | V5260 | V5261 | | |
| Hysterectomy | Prior authorization required | 58150 | 58152 | 58180 | 58260 |
| | | 58262 | 58263 | 58267 | 58270 |
| | | 58275 | 58290 | 58291 | 58292 |
| | | 58542 | 58543 | 58544 | 58550 |
| | | 58552 | 58553 | 58570 | 58571 |
| | | 58572 | 58573 | | |
| Injectable medications | Prior authorization required* | Actemra® | | | |
| | | J3262 | | | |
| | | Acthar® | | | |
| | | J0800 | | | |
| | | Adakveo® | | | |
| | | J0791 | | | |
| | | Aduhelm® | | | |
| | | J0172 | | | |
| | | Aldurazyme® | | | |
| | | J1931 | | | |
| | | Amondys 45 | | | |
| | | J1426 | | | |
| | | Amvuttra™ | | | |
| | | J0225 | | | |
| | | Aralast NP® | | | |
| | | J0256 | | | |
| | | Avsola™ | | | |
| | | Q5121 | | | |
| | | Benlysta | | | |
| | | J0490 | | | |
| | | Berinert® | | | |
| | | J0597 | | | |
| | | Botulinum toxins | | | |
| J0585 | J0586 | J0587 | J0588 | | |
| Brineura™ | | | | | |
| J0567 | | | | | |
| Briumvi® (Eff 10/1/23) | | | | | |
| J2329 | | | | | |
| Cabenuva™ | | | | | |
| J0741 | | | | | |
| Cerezyme® | | | | | |
| J1786 | | | | | |
| Cimzia® | | | | | |
| J0717 | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization |
|--------------------------------|------------------------|---|
| Injectable medications (cont.) | | Cinqair® |
| | | J2786 |
| | | Cinryze® |
| | | J0598 |
| | | Crysvita® |
| | | J0584 |
| | | Cutaquig® |
| | | J1551 |
| | | Elaprase® |
| | | J1743 |
| | | Elelyso® |
| | | J3060 |
| | | Enjaymo™ |
| | | J1302 |
| | | Entyvio® |
| | | J3380 |
| | | Erythropoiesis Stimulating Agents |
| | | J0885 |
| | | Evenity™ |
| | | J3111 |
| | | Evkeeza™ |
| | | J1305 |
| | | Exondys 51™ |
| | | J1428 |
| | | Fabrazyme® |
| | | J0180 |
| | | Fasenra™ |
| | | J0517 |
| | | Feraheme® |
| | | Q0138 |
| | | Fensolvi® |
| | J1951 | |
| | Firmagon® | |
| | J9155 | |
| | Fynetra® | |
| | Q5130 | |
| | Gamifant® | |
| | J9210 | |
| | Givlaari® | |
| | J0223 | |
| | Glassia® | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--------------------------------|-------------------------------|---|-------|-------|--|
| Injectable medications (cont.) | J0257 | | | | |
| | Hemgenix® | | | | |
| | J1411 | | | | |
| | Ilaris® | | | | |
| | J0638 | | | | |
| | Ilumya™ | | | | |
| | J3245 | | | | |
| | Inflectra® | | | | |
| | Q5103 | | | | |
| | Injectafer® | | | | |
| | J1439 | | | | |
| | IVIG | | | | |
| | J1459 | J1554 | J1555 | J1556 | |
| | J1557 | J1559 | J1561 | J1566 | |
| | J1568 | J1569 | J1572 | J1575 | |
| | J1599 | | | | |
| | Kalbitor® | | | | |
| | J1290 | | | | |
| | Kanuma® | | | | |
| | J2840 | | | | |
| | Korsuva® | | | | |
| | J0879 | | | | |
| | Krystexxa® | | | | |
| | J2507 | | | | |
| | Lanreotide | | | | |
| | J1932 | | | | |
| | Lemtrada® | | | | |
| | J0202 | | | | |
| | Leqembi® | | | | |
| | J0174 | | | | |
| | Lumizyme® | | | | |
| | J0221 | | | | |
| | Lupron Depot® | | | | |
| | J1950 | | | | |
| | Lupron Depot, Eligard® | | | | |
| | J9217 | | | | |
| | Luxturna™ | | | | |
| | J3398 | | | | |
| | Mepsevii® | | | | |
| | J3397 | | | | |
| | Monoferric® | | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization |
|--------------------------------|------------------------|---|
| Injectable medications (cont.) | | J1437 |
| | | Naglazyme® |
| | | J1458 |
| | | Nexviazyme® |
| | | J0219 |
| | | Nplate® |
| | | J2796 |
| | | Nucala® |
| | | J2182 |
| | | Ocrevus™ |
| | | J2350 |
| | | Octreotide Acetate |
| | | J2354 |
| | | Onpattro™ |
| | | J0222 |
| | | Orencia® |
| | | J0129 |
| | | Oxlumo™ |
| | | J0224 |
| | | Panzyga® |
| | | J1576 |
| | | Parsabiv™ |
| | | J0606 |
| | | Probuphine® |
| | | J0570 |
| | | Prolastin C® |
| | | J0256 |
| | | Prolia®*** |
| | | J0897 |
| | | Radicava® |
| | | J1301 |
| | | Reblozyl® |
| | | J0896 |
| | | Releuko® |
| | | Q5125 |
| | | Remicade® |
| | | J1745 |
| | | Renflexis® |
| | | Q5104 |
| | | Revcovi® |
| | | J3590 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--------------------------------|---------------------------|---|-------|-------|--|
| Injectable medications (cont.) | Riabni™ | | | | |
| | Q5123 | | | | |
| | Rituxan® | | | | |
| | J9312 | | | | |
| | Rituxan Hycela® | | | | |
| | J9311 | | | | |
| | Ruconest® | | | | |
| | J0596 | | | | |
| | Ruxience® | | | | |
| | Q5119 | | | | |
| | Ryplazim | | | | |
| | J2998 | | | | |
| | Sandostatin® LAR | | | | |
| | J2353 | | | | |
| | Saphnelo™ | | | | |
| | J0491 | | | | |
| | Scenesse® | | | | |
| | J7352 | | | | |
| | Signifor® LAR | | | | |
| | J2502 | | | | |
| | Simponi Aria® | | | | |
| | J1602 | | | | |
| | Sodium Hyaluronate | | | | |
| | J7320 | J7321 | J7322 | J7324 | |
| | J7325 | J7326 | J7327 | J7329 | |
| | J7331 | J7332 | | | |
| | Soliris® | | | | |
| | J1300 | | | | |
| | Somatuline® Depot | | | | |
| | J1930 | | | | |
| | Spevigo® | | | | |
| | J1747 | | | | |
| Spinraza™ | | | | | |
| J2326 | | | | | |
| Spravato™ | | | | | |
| S0013 | | | | | |
| Stelara® | | | | | |
| J3358 | | | | | |
| Skyrizi® | | | | | |
| J2327 | | | | | |
| Sublocade™ | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--------------------------------|---|---|-------|-------|--|
| Injectable medications (cont.) | | Q9991 | Q9992 | | |
| | Sunlenca | J1961 | | | |
| | Supprelin® LA | J9226 | | | |
| | Synagis® | 90378 | | | |
| | Tepezza® | J3241 | | | |
| | Tezspire™ | J2356 | | | |
| | Therapeutic radiopharmaceuticals | | | | |
| | A9513 | A9590 | A9606 | A9607 | |
| | A9699 | | | | |
| | Trelstar® | J3315 | | | |
| | Triptodur® | J3316 | | | |
| | Trogarzo™ | J1746 | | | |
| | Truxima® | Q5115 | | | |
| | Tzield™ | J9381 | | | |
| | Ultomiris™ | J1303 | | | |
| | Unclassified and temporary codes** | | | | |
| | C9159 | C9399 | J3490 | J3590 | |
| | Uplizna® | J1823 | | | |
| | Viltepsa™ | J1427 | | | |
| | Vimizim® | J1322 | | | |
| | Vyepti™ | J3032 | | | |
| | Vyondys 53® | J1429 | | | |
| | Xembify® | J1558 | | | |
| | Xenpozyme™ | | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|---|--|--|--|--|
| Injectable medications (cont.) | | J0218 | | | |
| | | Xolair® | | | |
| | | J2357 | | | |
| | | Zoladex® | | | |
| | | J9202 | | | |
| | | Zolgensma® | | | |
| | | J3399 | | | |
| | | *For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129. | | | |
| | | Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i> . Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan. | | | |
| | | ** For Unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Lamzedo® (Eff 10/1/23), Nulibry™, Purified Cortrophin™ Gel, and Syfovre™ | | | |
| | *** Prior authorization required for J0897 for non oncology diagnosis | | | | |
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required | 23470 24360 24370 27130 27138 27486 29868 | 23472 24361 24371 27132 27412 27487 | 23473 24362 27120 27134 27446 29866 | 23474 24363 27125 27137 27447 29867 |
| Non-emergent air ambulance transport | Prior authorization required | A0430 | A0431 | A0435 | A0436 |
| Orthognathic surgery Treatment of maxillofacial/jaw functional impairment | Prior authorization required | 21121 21142 21147 21155 21193 21198 | 21123 21143 21150 21159 21194 21199 | 21125 21145 21151 21160 21195 21206 | 21127 21146 21154 21188 21196 21208 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|-------------------------------------|--|---|-------|-------|-------|
| Orthognathic surgery (cont.) | | 21209 | 21210 | 21215 | 21240 |
| | | 21242 | 21244 | 21245 | 21246 |
| | | 21247 | 21248 | 21249 | 21255 |
| | | 21296 | 21299 | | |
| Orthotics and prosthetics | Prior authorization required only for orthotics and prosthetic codes listed, with a retail purchase or cumulative rental cost of more than \$500 | L0112 | L0170 | L0456 | L0462 |
| | | L0464 | L0480 | L0482 | L0484 |
| | | L0486 | L0624 | L0629 | L0631 |
| | | L0632 | L0634 | L0636 | L0637 |
| | | L0638 | L0640 | L0700 | L0710 |
| | | L0810 | L0820 | L0830 | L0859 |
| | | L1000 | L1005 | L1200 | L1300 |
| | | L1310 | L1499 | L1680 | L1685 |
| | | L1700 | L1710 | L1720 | L1730 |
| | | L1755 | L1820 | L1832 | 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 | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|---|---|-------|-------|-------|
| Orthotics and prosthetics (cont.) | | 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 |
| | | 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 | |
| Out-of-network services A referral to a health care provider not contracted with UnitedHealthcare | All out-of-network services require prior authorization | | | | |
| Outpatient therapies: speech | Prior authorization required | 92507 | | | |
| Pain injections and management | Prior authorization required | 64490 | 64493 | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|---|--|----------------|----------------|----------------|
| Prescribed pediatric extended care (PPEC) | Prior authorization required | T2002 | T1025 | T1026 | |
| Private duty nursing | Prior authorization required when submitting, please use the HCFA1500 form to avoid claim reprocessing. | S9122 | S9123 | S9124 | |
| Prostate procedures | Prior authorization required | 37243 53852 | 52441 55866 | 52442 55873 | 53850 55874 |
| Radiation therapy | Prior authorization required | <p>IGRT</p> <p>77014 77387 G6001 G6002</p> <p>G6017</p> <p>IMRT Intensity-Modulated Radiation Therapy</p> <p>77385 77386 G6015 G6016</p> <p>Proton Beam</p> <p>Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)</p> <p>77520 77522 77523 77525</p> <p>Special/Associated Services</p> <p>77331 77370 77399 77470</p> <p>SBRT/SRS</p> <p>77371 77372 77373</p> <p>Standard Radiation Therapy (2D/3D)</p> <p>Prior Auth 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</p> <p>77401 77402 77407 77412</p> <p>G6003 G6004 G6005 G6006</p> <p>G6007 G6008 G6009 G6010</p> <p>G6011 G6012 G6013 G6014</p> <p>Y90</p> <p>Implantable Beta-Emitting Microspheres for treatment of malignant tumors</p> <p>79445</p> <p>To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the "Radiology, Cardiology, Oncology, and Radiation Therapy" box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests</p> | | | |
| Radiology | Prior authorization required | <p>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 by using the Prior Authorization and Notification tool on UnitedHealthcare</p> | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|--|---|----------------|----------------|----------------|
| | | <p>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 UHCprovider.com/MScommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.</p> | | | |
| Rhinoplasty Treating nasal functional impairment and septal deviation | Prior authorization required | 30400 30435 30465 | 30410 30450 | 30420 30460 | 30430 30462 |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Site of service (SOS) – Outpatient hospital | <p>Prior authorization only required when requesting service in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC)</p> | <p>Auditory System 69205</p> <p>Cardiovascular System 36590 36832</p> <p>Carpal Tunnel Surgery 64721</p> <p>Cataract Surgery 66821 66982 66984</p> <p>Colonoscopy 45378 45380 45384 45385</p> <p>Cosmetic & Reconstructive 13101 13132 14040 14060 14301 21552 21931</p> <p>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</p> <p>ENT Procedures 21320 30140 30520 69436 69631</p> <p>Eye and Ocular Adnexa 65710 65820 66250 66710 66711 66825 66986 66987</p> | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|--|-------------------------------|---|-------|-------|-------|
| Site of service (SOS) – Outpatient hospital (cont.) | | 66988 | 67010 | 67041 | 67042 |
| | | 67105 | 67108 | 67113 | 67840 |
| | | 68110 | 68115 | 68320 | 68720 |
| | | 68815 | | | |
| | | Female Genital System | | | |
| | | 57240 | 57250 | 57461 | 57520 |
| | | 58561 | 58562 | | |
| | | Gynecologic Procedures | | | |
| | | 57522 | 58353 | 58558 | 58563 |
| | | 58565 | | | |
| | | Hemic and Lymphatic Systems | | | |
| | | 38500 | 38510 | 38525 | |
| | | Hernia Repair | | | |
| | | 49505 | 49650 | 49651 | |
| | | 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 | |
| | 29806 | 29807 | 29819 | 29822 | |
| | 29823 | 29824 | 29825 | 29826 | |
| | 29827 | 29828 | 29835 | 29840 | |
| | 29845 | 29846 | 29848 | 29861 | |
| | 29875 | 29876 | 29877 | 29879 | |
| | 29880 | 29881 | 29882 | 29888 | |
| | 29893 | | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|------------------------------|---|--------|-------|-------|
| Site of service (SOS) – Outpatient hospital (cont.) | | 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 & 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 | Prior authorization required | 21685 | 41599 | 42145 | |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | | | | | |
| Sleep studies | Prior authorization required | 95805 | 95807 | 95808 | 95810 |
| | | 95811 | | | |
| 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 | 22899 |
| | | 63001 | 63003 | 63005 | 63011 |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|------------------------------|--|--------------------|---------|-------|
| Spinal surgery (cont.) | | 63012 | 63015 | 63016 | 63017 |
| | | 63020 | 63030 | 63040 | 63042 |
| | | 63045 | 63046 | 63047 | 63050 |
| | | 63055 | 63056 | 63064 | 63075 |
| | | 63077 | 63081 | 63085 | 63087 |
| | | 63090 | 63101 | 63102 | 63170 |
| | | 63172 | 63173 | 63185 | 63190 |
| | | 63191 | 63200 | 63250 | 63251 |
| | | 63252 | 63265 | 63267 | 63268 |
| | | 63270 | 63271 | 63272 | 63286 |
| | | 63300 | 63301 | 63302 | 63303 |
| | | 63304 | 63305 | 63306 | 63307 |
| | | 63308 | 0164T | | |
| | | | * SOS also applies | | |
| Stimulators | Prior authorization required | Bone growth stimulator | | | |
| Implantation of a device that sends electrical impulses | | E0747 | E0748 | E0749 | E0760 |
| | | Neurostimulator | | | |
| | | 61863 | 61864 | 61867 | 61868 |
| | | 61885 | 61886 | 63650 | 63655 |
| | | 63685 | 64553 | 64555 | 64568 |
| | | 64570 | L8682 | L8685 | L8686 |
| | | L8687 | L8688 | | |
| Transplants | Prior authorization required | For transplant and CAR T-cell therapy services, including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at 888-936-7246 or the notification number on the back of the member's health plan ID card | | | |
| | | 32851 | 32852 | 32853 | 32854 |
| | | 33935 | 33945 | 38240 | 38241 |
| | | 44135 | 44136 | 44137 | 47135 |
| | | 50300 | 50320 | 50340 | 50360 |
| | | 50365 | 50370 | 50547 | |
| | | CAR T-Cell therapy | | | |
| | | 0537T | 0538T | 0539T | 0540T |
| | | J9999* | Q2041 | Q2042 | Q2053 |
| | | Q2054 | Q2055 | Q2056 | |
| | | Gene Therapy | | | |
| | | C9399** | J3490** | J3590** | |
| | | *For unclassified codes J3490, J3590 and J9999 prior authorization is only required for Abecma® | | | |
| | | **Skysona™ and Zynteglo® will require PA through Optum Transplant | | | |

| Procedures and services | Additional information | CPT® or HCPCS Codes and how to obtain prior authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| 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) 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 | | | |
| Wound vac | Prior authorization required | E2402 | | | |