

Prior authorization requirements for UnitedHealthcare Community Plan of North Carolina

Effective September 1, 2026

General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan of North Carolina participating health care professionals providing inpatient and outpatient services. Please submit your prior authorization requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call 866-604-3267

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required.	Prior authorization is required.			
		23470	23472	23473	23474
		26531	27120	27130	27132
		27134	27138	27438	27446
		27447	27486	27487	27702
Arthroscopy	Prior authorization required.	Prior authorization is required.			
		29826	29871		
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		28296	28297	28298	28299
		29806	29807	29819	29822
		29825	29827	29828	29837
		29844	29846	29861	29870
		29873	29874	29875	29876
		29877	29879	29880	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		29881	29882	29883	29884
		29886	29887	29888	29889
		29891	29892	29893	29894
		29895	29897	29898	29914
		29915	29916		
Bariatric	Prior authorization required.	43644	43645	43659	43773
		43774	43775	43845	43846
		43887			
Behavioral health services	Many of our benefit plans only 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 to refer for mental health and substance abuse/substance services. For applied behavior analysis (ABA) therapy, submit Provider Express			
Body lengthening	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 27685			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required.	E0474	E0748	E0760	
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required.	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19364	19370	19371
		19380			
		Notification/prior authorization not required for the following diagnosis codes:			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echocardiograms prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93350	93351	93452	93453
		93454	93455	93456	93457
		93458	93459	93460	93461
		For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call 866-889-8054 .			
Cardiovascular	Prior authorization required.	33285	93580		
		*Prior authorization is NOT required for the following DX codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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			
Carpal tunnel	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 29848 64721			
Cartilage implants	Prior authorization required.	27415	27416	29866	
Cerebral seizure monitoring	Prior authorization required.	95711	95713	95714	95715 95716
Cochlear implants and other auditory implants A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required.	69714	69717	L8692	
Continuous glucose monitoring	Prior authorization required.	A4238	E2102	E2103	
Cosmetic and reconstructive	Prior authorization required.	Prior authorization is required. 11960 11970 14020* 14021* 14061* 15731 15733 15736 15740 15757 15822 15823 15847 17999 21172 21175 21183 21261 21280 30400 30420 30435 30450 30460 30462 30465 30540 31298 67901 67902 67903 67904 67908 67923 67924 67950 *Will NOT require prior authorization when billed with skin cancer diagnoses 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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		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	
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		14040	14060	14301	17106

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		17107	17108		
Durable Medical Equipment (DME)	Prior authorization required. Prosthetics are not DME – see Orthotics and prosthetics.	DME regardless of cost			
		A9999	E0194	E0265	E0277
		E0304	E0328	E0445	E0466
		E0483	E0637	E0638	E0641
		E0652	E0670	E1002	E1007
		E1161	E1232	E1233	E1234
		E1235	E1237	E1238	E2204
		E2298	E2310	E2311	E2321
		E2322	E2330	E2340	E2370
		E2373	E2374	E2376	E2402
		E2510	E2613	E2621	E2622
		E8000	E8001	E8002	K0005
		K0108	K0827	K0828	K0831
		K0841	K0848	K0856	K0858
		K0861	K0862	L0456	L0464
		L0631	L0637	L1200	L1832
		L1846	L1945	L1970	L2005
		L2020	L2030	L2036	L2037
		L2108	L2350	L2628	L3720
		L3730	L3740	L5010	L5050
		L5301	L5321	L5331	L5341
		L5530	L5540	L5580	L5590
		L5643	L5647	L5649	L5651
		L5700	L5811	L5845	L5950
		L5960	L5968	L5988	L6100
		L6110	L6200	L6205	L6250
		L6500	L6582	L6584	L6623
		L6624	L6686	L6693	L6694
		L6696	L6697	L6707	L6709
		L6883	L6900	L8691	S1040
		DME with a billed amount or cumulative rental cost of more than \$500			
		E0300	E0465	E0471	E0669
		E0700	E1239	E2100	E2599
		T1999			
Experimental and investigational (and/or linked services)	Prior authorization required.	33477	64722	66180	
Fertility	Prior authorization required.	58545	58546		
Foot surgery	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 28289 28291 28292			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required.	31239 31257	31253 31259	31254 31276	31255
Gender dysphoria treatment	Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890.	11980 15734 53410 55180 57110	14000 15738 54520 56625 58720	14001 15750 54690 56800 58940	14041 19303 55175 56805 64856
Gender reassignment	Prior authorization required.	57335			
Genetic and molecular testing	Prior authorization required.	0018U 0048U 0103U 0212U 0242U 0326U 0388U 0417U 81349 81417 81427 81437 81457 81463 81520 87507	0022U 0094U 0129U 0213U 0244U 0334U 0391U 81162 81412 81420 81431 81441 81458 81464 81521	0026U 0101U 0209U 0237U 0245U 0364U 0395U 81163 81415 81425 81432 81443 81459 81507 81523	0037U 0102U 0211U 0238U 0250U 0379U 0409U 81164 81416 81426 81435 81449 81462 81518 81546
Heart	Prior authorization required.	93581			
Home health	Prior authorization required.	99503 G0299 S9110 S9131	99504 G0300 S9123 T1021	99600 G0493 S9128 T1030	G0156 G0494 S9129 T1031
Hysterectomy	Prior authorization required	58150 58263 58544 58554 58573	58180 58291 58550 58570	58260 58541 58552 58571	58262 58542 58553 58572
Injectable medications	Prior authorization required.	Cellular and Gene Therapies J1413 – Elevidys J1411 – Hemgenix J3398 – Luxturna J1412 – Roctavian J3399 – Zolgensma* - effective 12/1/2025 J3405 - Itvisma			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Injectable medications Unclassified* C9399 J3490 J3590 *Kebilidi			
Mastectomy	Prior authorization required.	19300			
Medicine services and procedures	Prior authorization required.	90999			
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required.	61863 64568	61885 64590	61886	64555
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required.	21010 21145 21194 21208 21244	21050 21146 21195 21209	21141 21147 21196 21210	21143 21193 21198 21240
Orthotics and prosthetics	Prior authorization required	Orthotics and prosthetics regardless of cost L0482 L0484 L0486 L0638 L0640 L1300 L1499 L1840 L1844 L1845 L2034 L3671 L3765 L3766 L3961 L3999 L4631 L5611 L5673 L5681 L5683 L5705 L5707 L5814 L5822 L5828 L5840 L5848 L5979 L5980 L5981 L5987 L5999 L7510 L8621 Orthotics and prosthetics with a billed amount or cumulative rental cost of more than \$500 L0170 L0700 L0710 L0810 L0820 L0830 L0859 L1005 L2060 L2106 L2126 L2136 L3900 L3901 L4000 L4010 L4020 L5312 L5460 L5640 L5642 L5644 L5646 L5653 L5661 L5703 L5962 L5982 L5986 L6646 L6692 L6695 L6711 L6884 L6885 L7405			
Outpatient therapy	Members 3 years of age and older	92507 94668 97022 97032 97036 97116 97530	92508 97012 97024 97033 97110 97124 97533	92526 97016 97026 97034 97112 97140 97535	92609 97018 97028 97035 97113 97150 97542

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		97750	97799		
Private duty nursing	Prior authorization required.	T1000			
Prostate procedures	Prior authorization required.	37243	55874		
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: - Certain computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA) and positron emission tomography (PET) scans - Nuclear medicine and nuclear cardiology procedures	Prior authorization is required.			
		0633T	0634T	0635T	0636T
		0637T	0638T	G0235	G0252
		S8037	S8092	70471	70554
		70555	71271	74261	74262
		74263	75559	75563	75571
		76376	76377	76390	76391
		76499	78429	78430	78431
		78432	78433	78451	78452
		78453	78454	78459	78466
		78468	78469	78472	78473
		78481	78483	78491	78492
		78494	78496	78499	78608
		78609	78804	78811	78812
		78813	78814	78815	78816
		78830			
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:			
		70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
		70492	70496	70498	70540
		70542	70543	70544	70545
		70546	70547	70548	70549
		70551	70552	70553	71250
		71260	71270	71275	71550
		71551	71552	71555	72125
		72126	72127	72128	72129
		72130	72131	72132	72133
		72141	72142	72146	72147
		72148	72149	72156	72157
		72158	72159	72191	72192
		72193	72194	72195	72196
		72197	72198	73200	73201
		73202	73206	73218	73219
		73220	73221	73222	73223
		73225	73700	73701	73702
		73706	73718	73719	73720
		73721	73722	73723	73725
		74150	74160	74170	74174

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology (cont.)		74175	74176	74177	74178
		74181	74182	74183	74185
		75557	75561	75572	75573
		75574	75577	75580	75635
		76380	76497	76498	77021
		77046	77047	77048	77049
		77084			

Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

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Shoulder	Prior authorization required.	23412			
Site of service	Prior authorization only required when requesting service in an outpatient hospital setting.		Auditory		
	Prior authorization not required if performed at a participating ambulatory surgery center (ASC).				
		69110	69145	69310	69421
		69424	69436	69440	69505
		69550	69610	69620	69631
		69632	69633	69635	69636
		69641	69642	69643	69644
		69645	69646	69650	69660
		69661			
			Cardiovascular		
		33215	33241	36010	36012
		36215	36246	36556	36571
		36581	36582	36821	36901
		36902	37242	37248	37607
		37609			
			Digestive system		
		40520	40530	40814	41110
		41112	41116	41520	41825
		42104	42106	42140	42330
		42335	42405	42408	42410
		42420	42440	42450	42500
		42804	42808	42810	43191
		43195	43220	43226	43229
		43233	43237	43238	43240
		43241	43245	43247	43248
		43253	43260	43274	43275
		43276	45100	45171	45172
		45190	45305	45341	45386

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (cont.)		45398	45541	45905	45910
		45915	45990	46030	46040
		46045	46060	46080	46200
		46230	46250	46255	46261
		46262	46270	46275	46280
		46285	46288	46320	46606
		46607	46610	46615	46707
		46930	46945	46947	49082
		49250	49422	49505	49520
		49521	49525	49550	49553
		49570	49572	49585	49587
		49650	49651	49652	49653
		49654	49655	49656	
		Eye and ocular adnexa			
		65275	65426	65435	65730
		65755	65756	65800	65815
		65850	65865	65875	65920
		66170	66710	66825	66840
		66850	66852	66982	66984
		66985	66986	67005	67010
		67015	67036	67039	67040
		67042	67105	67107	67108
		67113	67120	67121	67145
		67228	67311	67312	67314
		67316	67318	67400	67412
		67414	67700	67801	67805
		67808	67875	67880	67935
		67938	67971	67973	68115
		68700	68720	68811	68815
		Female genital			
		56405	56420	56440	56441
		56515	56605	56620	56700
		56740	56810	57061	57065
		57100	57130	57135	57240
		57250	57260	57268	57282
		57283	57287	57288	57295
		57410	57415	57420	57421
		57425	57456	57500	57513
		57520	57530	57700	57720
		57800	58120	58353	58558
		58561	58562	58563	59150
		59151			
		Head and neck			
		42820	42821	42826	42831
		42870			
		Hemic and lymphatic systems			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		38221	38222	38740	
Site of service (cont.)					
			Integumentary		
		10180	11010	11012	11441
		11443	11446	11450	11451
		11462	11463	11470	11624
		11626	11642	11643	11646
		11760	11770	11772	12034
		12037	12042	12052	13120
		13151	13152	15100	15120
		15220	15240	15260	15576
		15760	15770	15850	19101
		19110	19112	19120	19125
			Male genital		
		54001	54060	54164	54300
		54360	54512	54530	54600
		54620	54640	54700	54830
		54840	55040	55060	55110
		55120	55500	55520	55540
	Musculoskeletal				
		20200	20205	20225	20240
		20245	20525	20680	20694
		20912	21011	21012	21014
		21030	21040	21046	21048
		21315	21325	21335	21336
		21337	21365	21385	21390
		21550	21552	21555	21556
		21930	21931	21932	21933
		22900	22901	22903	23075
		23120	23140	23150	23405
		23430	23440	23615	23630
		23700	24000	24006	24071
		24075	24076	24101	24105
		24110	24120	24130	24147
		24200	24201	24300	24310
		24341	24342	24343	24358
		24515	24516	24586	24615
		24665	24666	25000	25071
		25073	25075	25076	25085
		25109	25110	25111	25112
		25115	25118	25120	25130
		25215	25230	25240	25260
		25270	25275	25290	25295
		25350	25545	25605	25606
		25607	25608	25609	25628
		25645	25652	25810	26011
		26020	26055	26075	26080

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (cont.)		26110	26111	26113	26115
		26116	26121	26123	26160
		26180	26200	26210	26236
		26320	26350	26356	26357
		26410	26418	26426	26437
		26440	26442	26445	26455
		26500	26520	26525	26540
		26541	26542	26567	26608
		26615	26665	26676	26715
		26727	26735	26746	26756
		26765	26850	26860	26862
		26910	26951	26952	27043
		27045	27048	27062	27093
		27095	27310	27323	27327
		27328	27331	27332	27335
		27337	27339	27340	27345
		27347	27372	27403	27418
		27570	27606	27618	27619
		27620	27632	27634	27638
		27640	27658	27680	27690
		27696	27705	27720	27756
		28005	28011	28020	28022
		28035	28039	28041	28043
		28045	28060	28090	28092
		28100	28103	28104	28108
		28110	28111	28112	28113
		28118	28119	28120	28122
		28124	28126	28153	28160
		28190	28192	28193	28200
		28208	28232	28234	28238
		28250	28280	28288	28306
		28310	28312	28313	28315
		28322	28476	28496	28525
		28666	28675	28755	28810
		28825	29820	29835	29906
		Orthopedic			
		64561	64581	64585	64610
		64646	64718	64719	64774
		64776	64784	64788	64795
		64831	64835		
		Respiratory			
		30020	30110	30130	30140
		30220	30310	30520	30580
		31526	31528	31530	31535
		31536	31540	31541	31545
		31570	31571	31578	31591

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		31611	31622	31625	31652
		32555	32557	38500	38510
		38525			
		Urinary system			
		50435	50590	50688	51102
		51710	51715	51729	52001
		52005	52204	52214	52224
		52234	52235	52260	52265
		52276	52281	52282	52287
		52300	52317	52320	52327
		52332	52341	52351	52352
		52353	52354	52356	52450
		52500	52630	53020	53230
		53260	53270	53450	
Sleep apnea procedures and surgeries Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required. Applies to inpatient or outpatient procedures and surgeries, including, but not limited to, palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.	42145			
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization required. Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i> .	95805	95807	95810	95811
Spinal cord stimulator Spinal cord stimulators when implanted for pain management	Prior authorization required.	Prior authorization is required.			
		63650	63655	63662	63685
		63688			
Spine surgery	Prior authorization required.	Prior authorization is required.			
		20931	20939	22102	22206
		22210	22212	22510	22511
		22512	22515	22551	22552
		22554	22585	22590	22595
		22612	22630	22633	22634
		22800	22802	22804	22808
		22830	22844	22845	22849
		22852	22853	22856	27279

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spine surgery (cont.)		27280	63003	63005	63015
		63016	63020	63030	63035
		63042	63045	63046	63047
		63048	63051	63055	63056
		63057	63075	63081	63090
		63101	63102	63172	63173
		63200	63265	63266	63267
		63271	63276	63281	63283
		63286	63287	63300	63302

Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes:

Surgery	Prior authorization required.	22513	22514		
		20999	31599	59898	69799

Surgery - Transplant	Prior authorization required.	Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes: 65710			
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Transplant Organ or tissue transplant or transplant-related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation.	For transplant services, please call 800-418-4994 or the notification number on the back of the member's health plan ID card.			
		38206	38208	38241	50320
		50360	Q2041	Q2042	Q2056
		Celluar and Gene Therapies			
		J3387 - Skysona			
		J3391 - Lenmeldy			
		J3392 - Casgevy			
		J3394 - Lyfgenia			
		J3393 - Zynteglo			
		Transplants Unclassified*			
		C9399	J3490	J3590	

Transportation	Prior authorization required.	A0428	A0435	A0436	
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Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required.	Prior authorization is required.			
		36475	36478	37700	
		Prior authorization is required. In addition, site of service will be reviewed as part of the prior authorization process for the following codes 37765			

Procedures and services	Additional information	CPT® or HCPCS Codes and/or how to obtain prior authorization
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 member's ID card.

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