

Prior authorization requirements for UnitedHealthcare Complete

Effective January 1, 2026

General information

Please submit prior authorization requests using the following UnitedHealthcare Provider Portal instructions:

- **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.

When deciding coverage, the member-specific benefit plan document must be referenced. The terms of member specific benefit plans vary by state. Site of service review may apply to certain codes on this list. Prior authorization is not required for emergency or urgent care.

For these benefit plans, members have no non-emergent out-of-network coverage and no coverage outside of the service area.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroplasty	Prior authorization required For all states	23470 24360 24365 25442 25449 27125 27137 27440 27445 27487	23472 24361 24370 25443 26531 27130 27138 27441 27446 27702	23473 24362 24371 25444 26536 27132 27437 27442 27447 Site of service also may apply	23474 24363 25441 25446 27120 27134 27438 27443 27486 24366 25445 26530 26535
Arthroscopy	Prior authorization required	Prior authorization is required for all states. 29826 Site of Service also may apply 29805 29820 29824 29830 29837 29845 29861 29873			
		29843 29871	29806 29821 29825 29834 29838 29846 29862 29874	29807 29822 29827 29835 29840 29847 29863 29875	29819 29823 29828 29836 29844 29860 29870 29876

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Arthroscopy (cont.)		29877 29882 29886 29891 29895 29914	29879 29883 29887 29892 29897 29915	29880 29884 29888 29893 29898 29916	29881 29885 29889 29894 29899
Bariatric	Prior authorization required There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43659** 43887**	43772** 43888**	43774** 43886**	***Authorization not required in Indiana, Nebraska, South Carolina and Wisconsin Bariatric w/diagnosis (Dx) 43860* 43865*
					Indiana, Nebraska, South Carolina and Wisconsin excluded Notification/prior authorization required for the following diagnosis codes: E66.01, E66.09, E66.1–E66.3, E66.8, E66.9, Z68.1, Z68.20–Z68.22, Z68.30–Z68.39, Z68.41–Z68.45.
Body lengthening	Prior authorization required	27685	27685		Site of service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
Bone marrow/stem cell	Prior authorization required	38204 38232	38205 38243	38211	38230
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	15771 19328 19350 19368 19396	19316 19330 19357 19369 L8600	19318 19340 19364 19370	19325 19342 19367 19371
					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

UnitedHealthcare Individual & Family plans medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; Rocky Mountain Health Maintenance Organization Incorporated in CO; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, KS, LA, MO, NJ, and TN; Optimum Choice, Inc. in MD and VA; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Oregon, Inc. in WA; and UnitedHealthcare of Wisconsin, Inc. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

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Breast reconstruction (non-mastectomy) (cont.)		C50.021	C50.022	C50.121	C50.122
		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			
Cancer supportive care	Prior authorization required for colony- stimulating factor drugs and bone- modifying agent administered in an outpatient setting for a cancer diagnosis *Codes J0897, J1442, J1447, J2506, J2820, Q5101, Q5110, Q5111, Q5120 and Q5122 also require prior authorization for non-oncology Dx. See injectable medications. section.	J1442*	filgrastim (Neupogen®)		
		J1447*	tbo-filgrastim (Granix®)		
		J2506*	Pegfilgrastim (Neulasta®)		
		Q5101*	filgrastim, bio similar (Zarxio®)		
		Q5108*	pegfilgrastim-jmdb (FulphilaTM)		
		Q5110*	filgrastim-aafi (NivestymTM)		
		Q5111*	pegfilgrastim-cbqv (UDENYCATHM)		
		Q5120*	Pegfilgrastim-bmez (Ziextenzo®)		
		Q5122*	Pegfilgrastim-apgf (NyvepriaTM)		
		J0897*	Denosumab (Prolia®, Xgeva®)		
		J0185	CinvantiTM (aprepitant) injectable emulsion		
		J1453	Emend® (fosaprepitant) injection		
		J1454	Akynzeo® (palonosetron/fosnetupitant) injection		
		J1627	Sustol® (granisetron extended release) injection		
		Q5125	Releuko® (filgrastim-ayow)		
		J1448	Trilaciclib (Cosela®)		

Antiemetic Drugs

J1456*

J1434

J2468

Colony Stimulating Factors

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Cancer supportive care (cont.)		<p>J1449</p> <p>Q5148</p> <p>Erythropoiesis Stimulating Agents</p> <p>J0885</p> <p>For prior authorization requests, please submit requests online using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or, you can call 888-397-8129.</p>

Cardiology	Notification/prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants, echocardiograms, and stress echocardiograms prior to performance	33206 33213 33225 33230 33262 93306 93350 93454 93458 0571T	33207 33214 33227 33231 33263 93307 93351 93455 93459 0614T	33208 33221 33228 33240 33264 93308 93452 93456 93460	33212 33224 33229 33249 33270 93319 93453 93457 93461	
Cardiovascular	Prior authorization required		Cardiology	33285 37225* 37229* 93653	37221* 37227* 37231* E0616	37224* 37228* 93580**
		Potentially unproven	33289 33364	33361 33365	33362 33366	33363 33369

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Cardiovascular (cont.)		C2624							
*Prior authorization is not required for these diagnosis codes.									
**Prior authorization required for members ages 18 and older. See congenital heart disease section for members under age 18.									
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						
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						

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Cardiovascular (cont.)		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5
		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	M86.051
		M86.052	M86.059	M86.061	M86.062
		M86.069	M86.071	M86.072	M86.079
		M86.08	M86.09	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
		Q27.30	Q27.32	Q27.39	Q27.8
		Q27.9	Q87.2	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.868A	T82.898A
Carpal tunnel	Prior authorization required	Site of service may also apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		29848	64721		

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Cartilage implants	Prior authorization required	27412	27415	27416	29866
		29867	29868	J7330	S2112
Cerebral seizure monitoring – Inpatient video electroencephalogram (EEG)	Prior authorization is required for inpatient services. Prior authorization is not required for outpatient hospital or ambulatory surgical centers.	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
Chelation therapy	Prior authorization required	M0300	S9355		
Chemotherapy	Prior authorization required	J0640	J0641	J0642	J1299
		J1323	J1326	J1932	J1950
		J1952	J1954	J2277	J2506
		J3055	J3263	J9000	J9015
		J9017	J9019	J9020	J9021
		J9022	J9023	J9024	J9025
		J9026	J9027	J9028	J9029
		J9030	J9032	J9033	J9034
		J9035	J9036	J9038	J9039
		J9040	J9041	J9042	J9043
		J9045	J9046	J9047	J9048
		J9049	J9050	J9051	J9052
		J9054	J9055	J9056	J9057
		J9060	J9061	J9063	J9064
		J9065	J9071	J9072	J9073
		J9074	J9075	J9076	J9098
		J9100	J9118	J9119	J9120
		J9130	J9144	J9145	J9150
		J9151	J9153	J9155	J9160
		J9161	J9165	J9171	J9172
		J9173	J9174	J9175	J9176
		J9177	J9178	J9179	J9181
		J9185	J9190	J9196	J9198
		J9200	J9201	J9202	J9203
		J9204	J9205	J9206	J9207
		J9208	J9209	J9210	J9211
		J9212	J9213	J9214	J9215
		J9216	J9217	J9218	J9223
		J9225	J9226	J9227	J9228
		J9229	J9230	J9245	J9246
		J9248	J9249	J9255	J9260
		J9261	J9262	J9263	J9264

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Chemotherapy (cont.)		J9266 J9270 J9274 J9281 J9292 J9296 J9301 J9305 J9309 J9314 J9319 J9323 J9329 J9333 J9342 J9349 J9353 J9357 J9361 J9382 J9395 Q2043 Q2058 Q5113 Q5117 Q5123 Q5130 Q5150	J9267 J9271 J9275 J9285 J9293 J9297 J9302 J9306 J9311 J9316 J9320 J9324 J9330 J9334 J9345 J9350 J9354 J9358 J9370 J9390 J9400 Q2050 Q5107 Q5114 Q5118 Q5126 Q5146 Q5151	J9268 J9272 J9276 J9286 J9294 J9298 J9303 J9307 J9312 J9317 J9321 J9325 J9331 J9340 J9347 J9351 J9355 J9359 J9376 J9393 J9600 Q2055 Q5108 Q5115 Q5119 Q5127 Q5147 Q5152	J9269 J9273 J9280 J9289 J9295 J9299 J9304 J9308 J9313 J9318 J9322 J9328 J9332 J9341 J9348 J9352 J9356 J9360 J9380 J9394 Q2017 Q2057 Q5112 Q5116 Q5122 Q5129 Q5149
Clinical trials A rigorously controlled study of a new drug, medical device or other treatment on eligible human subjects, subject to oversight by an institutional review board (IRB)	Prior authorization required	G0276 S9988	G0293 S9990	G0294 S9991	G2000

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Cochlear implants and other auditory implants	Prior authorization required	69717	69930	L8615	L8616
		L8617	L8618	L8619	L8622
		L8627	L8628	V5273	
A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech.		*Authorization not required in Alabama, Florida, Georgia, Kansas, Michigan, Mississippi and Ohio markets.			
		**Prior authorization required in Ohio.			
Congenital heart disease	Prior authorization required	33202	33251	33254	33255
Congenital heart disease-related services, including pretreatment evaluation		33256	33257	33258	33259
		33261	33390	33391	33404
		33414	33415	33416	33417
		33465	33468	33476	33478
		33500	33501	33502	33503
		33504	33505	33506	33507
		33600	33602	33606	33608
		33610	33611	33612	33615
		33617	33619	33620	33622
		33641	33645	33647	33660
		33665	33670	33675	33676
		33677	33681	33684	33688
		33690	33692	33694	33697
		33702	33710	33720	33724
		33726	33730	33732	33735
		33736	33737	33741	33745
		33746	33750	33755	33762
		33764	33766	33767	33768
		33770	33771	33774	33775
		33776	33777	33778	33779
		33780	33781	33782	33783
		33786	33788	33802	33803
		33813	33814	33820	33822
		33824	33840	33845	33851
		33852	33853	33894	33895
		33897	33917	33920	33924
		33925	33926	93580*	93581
		93582	93583	93593	93594
		93595	93596	93597	93598

*Prior authorization is required for members ages 18 and older.

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Congenital heart disease (cont.)		See cardiovascular section for members ages 18 and older.				
Continuous glucose monitoring	Prior authorization required with type 2 and gestational diabetes diagnosis	Prior authorization not required for type 1 diabetes.				
		A4226	A4238	A4239	A9276	
		A9277	A9278	E0787	E2102	
		E2103	Prior authorization is required with the following type 2 and gestational diabetes Dx codes:			
		E11.00	E11.01	E11.10	E11.11	
		E11.21	E11.22	E11.29	E11.311	
		E11.319	E11.3211	E11.3212	E11.3213	
		E11.3219	E11.3291	E11.3292	E11.3293	
		E11.3299	E11.3311	E11.3312	E11.3313	
		E11.3319	E11.3391	E11.3392	E11.3393	
		E11.3399	E11.3411	E11.3412	E11.3413	
		E11.3419	E11.3491	E11.3492	E11.3493	
		E11.3499	E11.3511	E11.3512	E11.3513	
		E11.3519	E11.3521	E11.3522	E11.3523	
		E11.3529	E11.3531	E11.3532	E11.3533	
		E11.3539	E11.3541	E11.3542	E11.3543	
		E11.3549	E11.3551	E11.3552	E11.3553	
		E11.3559	E11.3591	E11.3592	E11.3593	
		E11.3599	E11.36	E11.37X1	E11.37X2	
		E11.37X3	E11.37X9	E11.39	E11.40	
		E11.41	E11.42	E11.43	E11.44	
		E11.49	E11.51	E11.52	E11.59	
		E11.610	E11.618	E11.620	E11.621	
		E11.622	E11.628	E11.630	E11.638	
		E11.641	E11.649	E11.65	E11.69	
		E11.8	E11.9	024.111	024.112	
		024.113	024.119	024.12	024.13	
		024.410	024.414	024.415	024.419	
		024.420	024.424	024.425	024.429	
		024.430	024.434	024.435	024.439	
Cosmetic and reconstructive procedures	Prior authorization required	15769	15773	15830	21137	
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function						

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		E0147	E0193	E0194	E0265	
Durable medical equipment (DME)	Prior authorization required	E0266	E0277	E0296	E0297	
	Prosthetics are not DME – See orthotics and prosthetics.	E0300	E0302	E0303	E0304	
		E0316	E0328	E0329	E0466	
		E0467	E0471	E0483	E0486	
		E0565	E0574	E0618	E0619	
		E0636	E0637	E0638	E0639	
		E0640	E0641	E0642	E0652	
		E0656	E0657	E0676	E0720	
		E0730	E0731	E0745	E0764	
		E0766	E0770	E0784	E0958	
		E0984*****	E0986	E1002	E1003	
		E1004	E1005	E1006	E1007	
		E1008	E1009	E1010	E1011	
		E1012	E1015	E1016*****	E1017	
		E1018	E1029	E1030	E1035	
		E1036	E1161	E1229	E1232	
		E1233	E1234	E1235	E1236	
		E1237	E1238	E1699	E1800	
		E1810	E1812	E1815	E1830	
		E2201	E2202	E2203	E2204	
		E2207	E2227	E2228	E2295	
		E2310*****	E2311*****	E2312*****	E2313*****	
		E2321*****	E2322*****	E2325*****	E2326*****	
		E2327*****	E2328*****	E2329*****	E2330*****	
		E2331*****	E2340*****	E2341*****	E2342*****	
		E2343*****	E2351*****	E2360*****	E2362*****	
		E2364*****	E2366*****	E2367*****	E2368*****	
		E2369*****	E2370*****	E2372*****	E2373*****	
		E2374*****	E2375*****	E2376*****	E2377*****	
		E2378*****	E2397*****	E2402	E2502	
		E2504	E2506	E2508	E2510	
		E2511	E2512	E2599	E2605	
		E2606	E2607	E2608	E2609	
		E2613	E2614	E2615	E2616	
		E2617	E2620	E2621	E2622	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E2623	E2624	E2625	E2626
		E2627	E2628	E2629	E2630
		E2631	E2633	E8000	E8001
		E8002	K0005	K0008	K0009
		K0013*****	K0800**	K0801**	K0802**
		K0812**	K0813**	K0815**	K0820***
		K0821***	K0822***	K0823***	K0824***
		K0825***	K0826*****	K0827*****	K0828*****
		K0829*****	K0830***	K0831***	K0835***
		K0836*****	K0837***	K0838***	K0839***
		K0840*****	K0841*****	K0842*****	K0843*****
		K0848*****	K0849*****	K0850*****	K0851*****
		K0852*****	K0853*****	K0854*****	K0855*****
		K0856*****	K0857*****	K0858*****	K0859*****
		K0860*****	K0861*****	K0862*****	K0863*****
		K0864*****	K0890*****	K0891*****	K0898***
		K0899***	K0900	S1040	
*New Mexico, South Carolina and Wisconsin are excluded.					
**Iowa, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded.					
***Iowa, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded.					
****Iowa, Nebraska, New Mexico, Wisconsin and Wyoming are excluded.					
*****Iowa, Nebraska, Wisconsin and Wyoming excluded.					
*****Iowa, Nebraska and Wyoming excluded					
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	95965
		95966	95967	0253T	05669T*
		0570T*			
		*Prior authorization required for All states except MA and NY			
Foot surgery	Prior authorization required	Site of service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			
		28285	28289	28291	28292
		28295	28296	28297	28298
		28299			
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Gender dysphoria treatment	Notification or prior authorization required for the following when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	11980**	14000	14001	14041	
		15734	15738	15750	15757	
		15758	19303	53410	53430	
		54125**	54520	54660	54690	
		55175	55180	56625	56800**	
		56805*	57110	58661	58720*	
		58940	64856	64892	64896	
Gender dysphoria reassignment Kansas, Louisiana, Mississippi, Missouri, Oklahoma, South Carolina, Tennessee, Texas, Wisconsin	Prior authorization required	55970**	55980*	57335*		
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	BRCA genetic testing	81162	81163	81164	81432
	Health care professionals requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the	Genetic testing	81228	81229	81349	81402
			81403	81406	81407	81411
			81412	81415	81416	81425
			81426	81435	81439	81443
			81450	81451	81455	81457
			81458	81459	81460	81462
			81463	81464	81471	81519
			81520	81521	81541	81546
			81552	81558	87506	87797
			0006M	0007M	0022U*	0023U
			0037U*	0047U	0048U	0050U
			0055U	0060U	0088U	0094U
			0101U	0111U	0129U	0179U*
			0209U	0211U	0212U	0213U
			0216U	0217U	0237U	0238U
			0239U*	0242U*	0244U	0250U
			0288U*	0289U	0307U*	0318U
			0321U	0323U	0326U	0334U
			0341U	0364U*	0379U	0388U**

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)	laboratory will notify UnitedHealthcare.	0389U 0417U 0449U 0474U 0481U 0487U 0500U 0506U 0536U 0543U 0567U	0391U 0425U 0465U 0475U 0483U 0493U 0502U 0523U 0538U 0552U 0571U	0395U 0426U 0471U 0478U 0484U 0495U 0504U 0529U 0539U 0554U 81449*	0398U 0444U 0473U 0480U 0485U 0499U 0505U 0530U 0540U 0562U 81542*
Hearing exclusions: Indiana, Iowa, Kansas, Michigan, Mississippi, Ohio, South Carolina, Virginia, Washington and Wyoming	Prior authorization required for members ages 21 and older	V5095* V5253** V5257* V5267*	V5130* V5254* V5258** V5298	V5140* V5255* V5259** V5260*	V5252** V5256* V5260*
Home health For specific prior authorization requirements, the benefit plan document must be referenced to determine available coverage for home health, if any, as the terms of the member specific benefit plan vary by state.	Prior authorization required	G0155 S9810 T1030	G0156 T1001	S9122 T1004	S9127 T1021
		Enteral nutrition S9340	S9341	S9342	S9343
		Occupational therapy G0158	G0160	S9129	
		Physical therapy G0157	G0159	S9131	
		Physical therapy/occupational therapy G0151	G0152		
		Speech therapy G0153	G0161	S9128	
Hysterectomy	Prior authorization required	Prior authorization is required for all states.			
		58150	58152	58180	58260
		58262	58267	58270	58290
		58291	58292	58294	58541
		58542	58543	58544	58550
		58552	58553	58554	58570

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		58571	58572	58573	
Intensity-modulated radiation therapy (IMRT)	Prior authorization required	77385	77386	G6015	G6016
Infertility - Regardless of diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	Prior authorization is required in all states.	58760* 89260* 89261*	*NM, SC and WI are excluded.	Codes 89260* and 89261* are excluded in IA, IN, NE and WY
		Indiana, Iowa, Louisiana, Michigan, Nebraska, North Carolina, Oklahoma, Tennessee, Texas, Virginia, Washington and Wyoming.	55870* 58321* 58322* 58323* 58345* 58752* 58970* 58974* 58976* 76948* 89250* 89251* 89253* 89254* 89255* 89257* 89258* 89259* 89264* 89268* 89272* 89280* 89281* 89290* 89291* 89335* 89337* 89342* 89343* 89344* 89346* 89352* 89353* 89354* 89356* S4011* S4013* S4014* S4015* S4016* S4017* S4018* S4020* S4021* S4022* S4023* S4025* S4026* S4027* S4028* S4030* S4031* S4035* S4037* S4040* S4042*		
Infertility with listed diagnosis Diagnostic and treatment services related to the inability to achieve pregnancy	Prior authorization required	The following codes only require prior authorization if the Dx code is also listed:	52402 54500 54505 55550 58140 58145 58146 58660 58662 58670 58672 58673 58770** S0122* S0126* S0128* S0132*	*Illinois, Indiana, Iowa, Maryland, Nebraska, New Mexico, South Carolina, Wisconsin and Wyoming are excluded. **New Mexico excluded.	
		Dx codes:	E23.0 N46.01 N46.021 N46.022 N46.023 N46.024 N46.025 N46.029 N46.11 N46.121 N46.122 N46.123 N46.124 N46.125 N46.129 N46.8		

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		N46.9	N97.0	N97.1	N97.2
		N97.8	N97.8	N97.9	N98.1
Injectables A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intra-muscularly	Prior authorization required	Alpha1 - Proteinase Inhibitors	J0256 - Aralast	NP/Zemaira/Prolastin C	
			J0257 - Glassia		
		Anemia	J0896 – Reblozyl		
			J1437 – Monoferric		
			J1439 - Injectafer		
			Q0318 - Feraheme		
		Asthma	J0517 – Fasenra		
			J2182 – Nucala		
			J2356 - Tezspire		
			J2357 – Xolair		
			J2786 - Cinqair		
		Blood Modifying Agents			
			J0223 – Givlaari		
			J1299 – Soliris		
			J1302 - Enjaymo		
			J1303 – Ultomiris		
			J1307 - PiaSky		
			J9376 – Veopoz		
		Botulinum Toxins			
			J0589 - Daxxify		
			J0587 - Myobloc		
		Cardiology			
			J1306 - Leqvio		
		Central Nervous System Agents			
			J0174 - Leqembi		
			J0175 - Kisunla		
			J0222 – Onpattro		
			J0225 – Amvuttra		
			J1301 - Radicava		

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Injectables (cont.)		<p>J1304 - Qalsody</p> <p>J1426 - Amondys 45</p> <p>J1427 - Viltepso</p> <p>J1428 - Exondys 51</p> <p>J1429 - Vyondys 53</p> <p>J2326 - Spinraza</p> <p>J3032 - Vyepti</p> <p>J9332 - Vyvgart</p> <p>J9333 - Rystiggo</p> <p>J9334 - Vyvgart Hytrulo</p> <p>Complement Inhibitors - Ophthalmologic Use</p> <p>J2781 - Syfovre</p> <p>J2782-Izervay</p> <p>End Stage Renal Disease</p> <p>J0606 - Parsabiv</p> <p>J0879 - Korsuva</p> <p>Endocrine</p> <p>J0224 - Oxlumo</p> <p>J0584 - Crys vita</p> <p>J0801 - Acthar Gel</p> <p>J0802 - Cortrophin Gel</p> <p>J3241 - Tepezza</p> <p>J2507 - Krystexxa</p> <p>Enzyme Replacement</p> <p>J0180 - Fabrazyme</p> <p>J0217 - Lamzede</p> <p>J0218 - Xenpozyme</p> <p>J0219 - Nexviazyme</p> <p>J0221 - Lumizyme</p> <p>J0567 - Brineura</p> <p>J1203 - Pombiliti</p> <p>J1322 - Vimizim</p> <p>J1458 - Naglazyme</p> <p>J1743 - Elaprase</p>

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectables (cont.)		J1786 – Cerezyme J1931 - Aldurazyme J2508 – Elfabrio J1809 – Nulibry J2840 – Kanuma J3060 - Eleyso J3385 – Vpriv J3397 - Mepsevii Erythropoiesis Stimulating Agents J0885 - EpoGen/Procrit Gene Therapy J1411 – Hemgenix J1414 – Beqvez J1412 – Roctavian J1413-Elevidy J3401-Vyjuvek J3398 – Luxturna J3399 - Zolgensma J3403 - Encelto Q5136 - Jubbonti Gonadotropin Releasing Hormone Analogs J1950 - Lupron Depot J1951 – Fensolvi J3315 - Trelstar J3316 - Triptodur Hematologic J0596 – Ruconest J0597 – Berinert J0598 - Cinryze J1290 – Kalbitor J7171 - Adzynma Hemophilia J7170 – Hemlibra J7172 – Hympavzi J7174 - Qfitlia

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectables (cont.)		Immune Globulins (IVIG, SCIG)		
		90283 J1551 J1555 J1558 J1566 J1575	90284 J1552 J1556 J1559 J1568 J1576	J1459 J1554 J1557 J1561 J1572 J1599
		Immune Modulator		
		J0490 – Benlysta J0491 – Saphnelo J0638 – Ilaris J1823 - Uplizna J9312 - Rituxan J9381 – Tzield Q5115 – Truxima Q5119 – Ruxience Q5123 - Riabni J9038 - Niktimvo		
		Inflammatory Conditions		
		J0129 – Orencia		
		J0717 – Cimzia		
		J1602 - Simponi Aria		
		J1628 – Tremfya IV		
		J1745 – Remicade		
		J1747 – Spevigo		
		J2267 – Omvoh		
		J2327 – Skyrizi		
		J3245 - Ilumya		
		J3247 - Cosentyx IV		
		J3262 – Actemra		
		J3358 - Stelara IV		
		J3380 – Entyvio		
		Q5103 – Inflectra		
		Q5104 - Renflexis		
		Q5121 – Avsola		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		<p>Q5133 – Tofidence Q5135 - Tyenne Q5138 – Wezlana IV</p> <p>Q9997 – Pyzchiva IV Q9998 – Selarsdi</p> <p>Q5099 – Steqeyma IV Q5100 – Yesintek IV Q5134 - Tyruko</p> <p>Multiple Sclerosis</p> <p>J0202 – Lemtrada J2323 – Tysabri J2329 - Briumvi J2350 – Ocrevus J2351 – Ocrevus Zunovo</p> <p>Rare Conditions</p> <p>J1305 – Evkeeza J2998 - Ryplazim</p> <p>RSV Prophylaxis</p> <p>90378 - Synagis</p> <p>Sickle Cell Disease</p> <p>J0791 - Adakveo</p> <p>Sodium Hyaluronates</p> <p>J7320 - Genvisc 850 J7321 - Hylagen/Supartz/Visco 3 J7322 – Hymovis J7324 - Orthovisc J7325 - Synvisc One J7326 - Gel-One J7327 – Monovisc J7329 – TriVisc J7331 - Synojoynt J7332 - Triluron</p> <p>Vascular Endothelial Growth Factor (VEG-F)</p> <p>J0177 - Eylea HD J0178 – Eylea J0179 - Beovu</p>

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																																				
Injectable medications – Predetermination		<p>J2777 – Vabysmo J2778 – Lucentis J2779 - Susvimo Q5124 – Byooviz Q5128 – Cimerli Q5147 - Pavblu White Blood Cell Colony Stimulating Factors J1442 – Neupogen J1447 – Granix J1449 - Rolvedon J2506 – Neulasta Q5101 – Zarxio Q5108 - Fulphilia Q5110 – Nivestym Q5111 – Udenyca Q5120 - Ziestenzo Q5122 – Nyvepria Q5125 – Releuko Q5127 - Stimufend Q5130 – Fylnetra Q5148 - Nypozi Injectable medications – Unclassified J3490* J3590*</p> <p>*For unclassified codes J3490, J3590 notification/prior authorization is only required for certain plans. For prior authorization, please submit requests online using the Prior Authorization Provider Portal. To get started, go to UHCprovider.com and click Sign In in the Specialty Guidance Program (SGP) at 888-397-8129.</p> <table border="1" data-bbox="747 1495 1204 1812"> <tbody> <tr><td>90281</td><td>90291</td><td>90371</td><td>90375</td></tr> <tr><td>90376</td><td>90377</td><td>90380</td><td>90381</td></tr> <tr><td>90384</td><td>90385</td><td>90386</td><td>90389</td></tr> <tr><td>90396</td><td>90589</td><td>90611</td><td>90623</td></tr> <tr><td>90626</td><td>90653</td><td>90656</td><td>90657</td></tr> <tr><td>90661</td><td>90662</td><td>90670</td><td>90671</td></tr> <tr><td>90672</td><td>90673</td><td>90674</td><td>90675</td></tr> <tr><td>90677</td><td>90678</td><td>90679</td><td>90682</td></tr> <tr><td>90683</td><td>90684</td><td>90685</td><td>90686</td></tr> </tbody> </table>	90281	90291	90371	90375	90376	90377	90380	90381	90384	90385	90386	90389	90396	90589	90611	90623	90626	90653	90656	90657	90661	90662	90670	90671	90672	90673	90674	90675	90677	90678	90679	90682	90683	90684	90685	90686
90281	90291	90371	90375																																			
90376	90377	90380	90381																																			
90384	90385	90386	90389																																			
90396	90589	90611	90623																																			
90626	90653	90656	90657																																			
90661	90662	90670	90671																																			
90672	90673	90674	90675																																			
90677	90678	90679	90682																																			
90683	90684	90685	90686																																			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Injectable medications – Predetermination (cont.)		90687 90714 90740 90747 91301 91305 91309 91313 91316 91319 90382 90679 J0131 J0136 J0153 J0169 J0206 J0211 J0275 J0282 J0289 J0300 J0360 J0402 J0461 J0476 J0515 J0565 J0573 J0578 J0586 J0591 J0595 J0603 J0609 J0615 J0636 J0652 J0670 J0688 J0692	90688 90715 90743 90756 91302 91306 91310 91314 91317 91320 90612 91323 J0132 J0137 J0163 J0171 J0207 J0216 J0278 J0283 J0290 J0330 J0364 J0456 J0462 J0480 J0525 J0570 J0574 J0582 J0587 J0592 J0600 J0605 J0612 J0616 J0637 J0665 J0675 J0689 J0694	90694 90732 90744 90759 91303 91307 91311 91315 91317 91321 90613 J0121 J0133 J0138 J0164 J0173 J0208 J0248 J0280 J0285 J0291 J0348 J0391 J0457 J0470 J0485 J0558 J0571 J0575 J0583 J0588 J0593 J0601 J0607 J0613 J0618 J0650 J0666 J0681 J0690 J0695	90702 90739 90746 91300 91304 91308 91312 91316 91318 91322 90635 J0122 J0134 J0139 J0168 J0184 J0209 J0270 J0281 J0287 J0295 J0349 J0401 J0458 J0475 J0500 J0561 J0572 J0577 J0585 J0589 J0594 J0602 J0608 J0614 J0630 J0651 J0668 J0687 J0691 J0696	

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)		J0697	J0698	J0699	J0701
		J0702	J0703	J0706	J0712
		J0713	J0714	J0716	J0720
		J0725	J0735	J0736	J0737
		J0738	J0739	J0740	J0741*
		J0742	J0743	J0744	J0750
		J0751	J0752	J0759	J0770
		J0775	J0780	J0795	J0799
		J0834	J0840	J0841	J0850
		J0870	J0872	J0873	J0874
		J0875	J0877	J0878	J0881
		J0883	J0884	J0887	J0888
		J0891	J0892	J0893	J0894
		J0895	J0897	J0898	J0899
		J0901	J0911	J1000	J1010
		J1050	J1071	J1095	J1096
		J1097	J1100	J1105	J1110
		J1120	J1160	J1162	J1163
		J1165	J1171	J1190	J1200
		J1201	J1205	J1212	J1230
		J1240	J1245	J1250	J1265
		J1270	J1271	J1308	J1324
		J1325	J1327	J1335	J1364
		J1370	J1380	J1410	J1430
		J1438	J1443	J1444	J1445
		J1450	J1451	J1455	J1460
		J1560	J1570	J1571	J1573
		J1574	J1580	J1595	J1596
		J1597	J1598	J1610	J1611
		J1612	J1626	J1630	J1631
		J1632	J1640	J1642	J1643
		J1644	J1645	J1650	J1652
		J1670	J1720	J1726	J1729
		J1738	J1740	J1741	J1742
		J1744	J1746*	J1748	J1749
		J1750	J1756	J1790	J1800
		J1805	J1806	J1807	J1808
		J1815	J1817	J1826	J1830
		J1833	J1834	J1836	J1885
		J1920	J1921	J1930	J1932
		J1938	J1939	J1941	J1943

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications – Predetermination (cont.)		J1944	J1953	J1954	J1955
		J1956	J1961*	J1980	J2002
		J2003	J2004	J2010	J2020
		J2021	J2060	J2062	J2151
		J2170	J2175	J2183	J2184
		J2185	J2186	J2210	J2212
		J2246	J2247	J2248	J2249
		J2250	J2251	J2252	J2253
		J2260	J2265	J2270	J2272
		J2274	J2278	J2280	J2281
		J2290	J2291	J2300	J2305
		J2310	J2311	J2312	J2313
		J2315	J2353	J2354	J2358
		J2359	J2360	J2371	J2372
		J2373	J2401	J2402	J2403
		J2404	J2405	J2406	J2407
		J2425	J2426	J2427	J2428
		J2430	J2440	J2469	J2470
		J2471	J2472	J2501	J2502
		J2510	J2515	J2540	J2543
		J2545	J2547	J2550	J2560
		J2561	J2562	J2590	J2597
		J2598	J2599	J2601	J2675
		J2679	J2680	J2690	J2700
		J2704	J2710	J2720	J2724
		J2730	J2760	J2765	J2770
		J2779	J2783	J2785	J2788
		J2790	J2791	J2792	J2793
		J2794	J2795	J2798	J2799
		J2800	J2801	J2802	J2804
		J2805	J2850	J2860	J2865
		J2916	J2919	J2993	J2997
		J3000	J3010	J3030	J3031
		J3090	J3095	J3101	J3105
		J3110	J3111	J3121	J3145
		J3230	J3240	J3243	J3244
		J3246	J3250	J3260	J3285
		J3290	J3299	J3300	J3301
		J3303	J3304	J3357	J3360
		J3370	J3371	J3372	J3373
		J3374	J3375	J3396	J3410

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Injectable medications – Predetermination (cont.)		J3411 J3425 J3471 J3485 J7040 J7070 J7131 J7179 J7183 J7188 J7193 J7197 J7201 J7205 J7210 J7213 J7295 J7300 J7308 J7314 J7328 J7345 J7355 J7501 J7507 J7511 J7516 J7520 J7605 J7611 J7620 J7639 J7682 J8499 J8522 J8560 J8610 J8612 L8605 Q0162 Q0167	J3415 J3430 J3473 J3486 J7042 J7100 J7165 J7180 J7185 J7189 J7194 J7198 J7202 J7207 J7211 J7214 J7296 J7301 J7311 J7315 J7336 J7351 J7356 J7502 J7508 J7512 J7517 J7521 J7606 J7612 J7626 J7644 J7686 J8501 J8530 J8565 J8611 J8655 Q0139 Q0163 Q0169	J3420 J3465 J3475 J3489 J7050 J7120 J7168 J7181 J7186 J7190 J7195 J7199 J7203 J7208 J7212 J7214 J7297 J7304 J7312 J7318 J7340 J7352 J7402 J7503 J7509 J7514 J7518 J7525 J7608 J7613 J7627 J7665 J7999 J8510 J8540 J8597 J8611 J8670 Q0144 Q0164 Q0175	J3424 J3470 J3480 J7030 J7060 J7121 J7169 J7182 J7187 J7192 J7196 J7200 J7204 J7209 J7213 J7294 J7298 J7307 J7313 J7323 J7342 J7355 J7500 J7504 J7510 J7515 J7519 J7601 J7609 J7614 J7631 J7674 J8498 J8515 J8541 J8600 J8612 J8705 Q0161 Q0166 Q0177	

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		Q0180	Q0224	Q0249	Q2004
*Florida is excluded					
		Q2009	Q3027	Q3028	Q4074
		Q5105	Q5106	Q5134	Q5137
		Q5140	Q5141	Q5142	Q5143
		Q5144	Q5145	Q5149	Q5150
		Q5151	Q5152	Q5153	Q5154
		Q9991	Q9992	Q9996	S0013
Injection arthrogram	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.			
Mastectomy exclusions:		27096			
Illinois, Louisiana, Michigan, North Carolina, Oklahoma, Tennessee, Texas and Virginia	Prior authorization required	19300			
Medical and surgical supplies	Prior authorization required	A4557	A4600	A4913	A6501
		A6502	A6503	A6504	A6505
		A6506	A6507	A6508	A6509
		A6513	A9274	A9279	A9597
		A9598			
Medicine services and procedures	Prior authorization required	96130	96131	96136	96137
		96138	96139		
Neurostimulators Implantation of a device that sends electrical impulses	Prior authorization required	43647	43648	43881	43882
		61863	61864	61867	61868
		61885	61886	64553	64555
		64561*	64568	64581*	64590**
		64595	L8681		
Std Sacral Neuro Dx Code list					
		N32.81	N32.9	N39.3	N39.41
		N39.42	N39.46	N39.490	N39.498
		R15.0	R15.1	R15.2	R15.9
		R30.0	R30.1	R30.9	R32
		R33.0	R33.8	R33.9	R35.0

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		R35.1	R35.81	R35.89	R39.11
		R39.12	R39.13	R39.14	R39.15
		R39.16	R39.191	R39.192	R39.198
		R39.81	R39.89	R39.9	
		*SOS applies			
		*SOS also may apply for all states except Texas and Wisconsin.			
		Both states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they are excluded from site of service review.			
		**SOS applies to this code. TX and WI are excluded			
		** No Prior Authorization required for the following combination of procedure code and ICD-10 diagnosis with associated incontinence diagnosis codes listed.			
Orthognathic surgery Treatment of maxillofacial functional impairment	Prior authorization required	21010*	21050*	21060*	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*	21243*	21244	21245
		21246	21247	21248	21249
		21255	21296		
		*Codes are excluded from South Carolina.			
Orthotics and prosthetics	Prior authorization required	L0112	L0220	L0452	L0482
		L0484	L0486	L0622	L0624
		L0629	L0632	L0634	L0636
		L0638	L0640	L0999	L1300
		L1840	L1844	L1845	L1846
		L1950	L2005	L2020	L2034
		L2036	L2037	L2038	L2232
		L2330	L2387	L2520	L2526
		L2755	L2840	L2850	L3671
		L3674	L3763	L3764	L3765
		L3766	L3806	L3900	L3901
		L3904	L3905	L3921	L3935
		L3961	L3967	L3971	L3973
		L3975	L3976	L3977	L3978
		L4030	L4631	L5010	L5050
		L5060	L5100	L5105	L5150
		L5160	L5200	L5210	L5230

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Orthotics and prosthetics (cont.)		L5250 L5321 L5540 L5611 L5639 L5673 L5703 L5707 L5728 L5818 L5828 L5848 L5859 L5966 L5979 L5988 L6026 L6130 L6320 L6400 L6582 L6590 L6620 L6638 L6697 L6882 L6900 L6925 L6945 L6965 L7008 L7170 L7186 L7499	L5270 L5331 L5585 L5613 L5643 L5679 L5704 L5722 L5780 L5822 L5830 L5856 L5930 L5968 L5980 L6000 L6050 L6200 L6350 L6450 L6584 L6611 L6621 L6648 L6707 L6884 L6905 L6930 L6950 L6970 L7009 L7180 L7190 L8039	L5280 L5530 L5590 L5614 L5649 L5681 L5705 L5724 L5795 L5824 L5840 L5857 L5960 L5973 L5981 L6010 L6055 L6205 L6360 L6570 L6586 L6615 L6624 L6693 L6880 L6885 L6910 L6935 L6955 L6975 L7040 L7181 L7191 L8629	L5301 L5535 L5610 L5616 L5651 L5683 L5706 L5726 L5814 L5826 L5845 L5858 L5961 L5976 L5987 L6020 L6120 L6310 L6370 L6580 L6588 L6616 L6629 L6696 L6881 L6895 L6920 L6940 L6960 L7007 L7045 L7185 L7259 L8699
Pain injections	Prior authorization required	Prior authorization is required for all states. 62291 62292 64620 G0259 G0260 Site of service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		62281			
Pain management	Prior authorization required	Prior authorization is required for all states. 11981 62320 62322 62323 62324 62325 62326 62327 62350 62351 62360 62361 62362 62367 62368 62369 62370 64405 64408 64415 64416 64417 64418 64420 64430 64445 64446 64447 64448 64449 64450 64451 64483 64484 64505 64510 64517 64520 64640 E0782 E0783 E0785 E0786			
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas. 20552 20553 62321 64479 64490 64493 64600 64633 64635			
Potentially cosmetic	Prior authorization required	Prior authorization is required for all states. 11960 11970 11971 14302 15570 15572 15574 15730 15733 15740 15756 15820 15821 15822 15823 15847 15877 15878 15879 21138 21139 21172 21175 21179 21180 21181 21182 21183 21184 21230 21235 21256 21260 21261 21263 21267 21268 21275 21280 21282 21295 28344 30400 30410 30420 30430 30435 30450 30460 30462 30465 30468 30540 30545 30620 31295 31296 31297 31298 54400 54401 54405 67900 67901 67902 67903 67904 67906 67908 67909 67911 67912 67914 67915 67916 67917 67921 67922 67923 67924 67950 67961 67966 14020*** 			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Potentially cosmetic (cont.)			14021***	14061***	17380*
<p>**NOTE: Only applies to the following states: Florida, Illinois, Maryland, Michigan, Virginia and Washington.</p> <p>***Flap repair (CPT: 14020, 14021, and 14061) will not require prior authorization when billed with skin cancer diagnoses.</p>					
<p>Site of Service also may apply for all states except Texas and Wisconsin. Both states require prior authorization for all codes listed, but they're excluded from site of service review.</p>					
<p>14040 14060 14301 17106</p> <p>17107 17108</p>					
C43.0	C44.1391	C44.521	C4A.21		
C43.10	C44.1392	C44.529	C4A.22		
C43.111	C44.191	C44.590	C4A.30		
C43.112	C44.1921	C44.591	C4A.31		
C43.121	C44.1922	C44.599	C4A.39		
C43.122	C44.1991	C44.601	C4A.4		
C43.20	C44.1992	C44.602	C4A.51		
C43.21	C44.201	C44.609	C4A.51		
C43.22	C44.202	C44.611	C4A.52		
C43.30	C44.209	C44.612	C4A.52		
C43.31	C44.211	C44.619	C4A.59		
C43.39	C44.212	C44.621	C4A.60		
C43.4	C44.219	C44.622	C4A.61		
C43.51	C44.221	C44.629	C4A.62		
C43.52	C44.222	C44.691	C4A.70		
C43.59	C44.229	C44.692	C4A.71		
C43.60	C44.291	C44.699	C4A.72		
C43.61	C44.292	C44.701	C4A.8		
C43.62	C44.299	C44.702	C4A.9		
C43.70	C44.300	C44.709	C79.2		
C43.71	C44.301	C44.711	D03.51		
C43.72	C44.309	C44.712	D03.52		
C43.8	C44.310	C44.719	D04.0		
C43.9	C44.311	C44.721	D04.10		
C44.01	C44.319	C44.722	D04.111		
C44.02	C44.320	C44.729	D04.112		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Potentially cosmetic (cont.)		C44.09	C44.321	C44.791	D04.121
		C44.101	C44.329	C44.792	D04.122
		C44.1021	C44.390	C44.799	D04.20
		C44.1022	C44.391	C44.80	D04.21
		C44.1091	C44.399	C44.81	D04.22
		C44.1092	C44.40	C44.82	D04.30
		C44.111	C44.41	C44.89	D04.39
		C44.1121	C44.42	C44.90	D04.4
		C44.1122	C44.49	C44.91	D04.5
		C44.1191	C44.500	C44.92	D04.60
		C44.1192	C44.501	C44.99	D04.61
		C44.121	C44.509	C46.0	D04.62
		C44.1221	C44.510	C4A.0	D04.70
		C44.1222	C44.511	C4A.10	D04.71
		C44.1291	C44.519	C4A.111	D04.72
		C44.1292	C44.510	C4A.112	D04.8
		C44.131	C44.511	C4A.121	D04.9
		C44.1321	C44.519	C4A.122	
		C44.1322	C44.520	C4A.20	
Private duty nursing	Prior authorization required	T1000*	T1002	T1003	
		*Exclusion Mississippi, New Mexico, South Carolina, Tennessee, Texas, Wisconsin and Washington.			
Prostate	Prior authorization required	52441	52442		
		Cryosurgical ablation of prostate			
		55873			
		Prostate microwave			
		53850	53852		
Proton beam therapy Focused radiation therapy using beams of protons	Prior is authorization required. Please indicate whether proton beam therapy is performed as part of a clinical trial – See clinical trials section.	77520	77522	77523	77525
Pulmonary	Prior authorization required				
Radiation therapy	Prior authorization required	Image-guided radiation therapy (IGRT)			
		77014	77387	G6001	G6002
		G6017			
		IMRT			
		77385	77386	G6015	G6016

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiation therapy (cont.)		Proton beam			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520 77522 77523 77525			
		Special/associated services			
		77331 77370 77399 77470			
		Stereotactic radio surgery/stereotactic body radiation therapy SRS/SBRT			
		77371 77372 77373 G0339			
		G0340			
		Standard radiation therapy (2D/3D)			
		Prior authorization required only when obtained with diagnosis codes in the following ranges:			
		C34.00–C34.92, C50.011–C50.929, C61, C79.51–C79.52, C84.7A, D05.00–D05.92			
		77401 77402 77407 77412			
		G6003 G6004 G6005 G6006			
		G6007 G6008 G6009 G6010			
		G6011 G6012 G6013 G6014			
		Y90			
		Implantable beta-emitting microspheres for treatment of malignant tumors			
		S2095 79445			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	Prior authorization is required for all states.			
		75580 76391 78012 78015			
		78016 78071 78072 76376			
		76377 78013 78014 78018			
		78070 78075 78099 78199			
		78226 78227 78264 78265			
		78266 78299 78300 78305			
		78306 78315 78399 78429			
		78430 78431 78432 78433			
		78451 78452 78453 78454			
		78459 78466 78468 78469			
		78472 78473 78481 78483			
		78491 78492 78494 78496			
		78499 78579 78580 78582			
		78597 78598 78599 78608			
		78609 78699 78707 78708			
		78709 78799 78800 78801			
		78802 78803 78804 78811			
		78812 78813 78814 78815			
		78816 78830 78831 78832			
		78999 0609T 0610T 0611T			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiology (cont.)		0612T	0633T	0634T	0635T
		0636T	0637T	0638T	0697T
		0698T	0710T	0711T	0712T
		0713T	G0235	G0252	
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Maryland, Texas and Wisconsin			
		*IA is excluded from MR/CT SOS			
		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	70554
		70555	71250	71260	71270
		71271	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	74175
		74176	74177	74178	74181
		74182	74183	74185	74261
		74262	74263	75557	75559
		75561	75563	75571	75572
		75573	75574	75635	76380
		76390	76497	76498	77046
		77047	77048	77049	77084
		S8037	S8092		

Care providers ordering an advanced outpatient imaging

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Site of service - Office-based procedures exclusions:	Prior authorization required if performed in an outpatient hospital setting or ambulatory surgery center					
Texas and Wisconsin	Prior authorization not required if performed in an office	Dermatologic	11402	11403	11404	11406
			11420	11421	11422	11423
			11424	11426	11442	
		General surgery	19000			
			Neurologic	62270		
		OB/GYN	57460			
		Respiratory	31579			
Site of service (SOS) - Outpatient hospital exclusions in Texas and Wisconsin	Prior authorization only required when requesting service in an outpatient hospital setting	Arthroscopy	29900	29901	29902	
		Body lengthening	25280			
		Cardiovascular	37761			
		Dermatologic	11441			
		Potentially cosmetic	11440	11443	11444	11446
			17110	17111		
		Surgery	10180	11010	11012	11451
			11462	11463	11470	11471
			11601	11602	11603	11604
			11620	11621	11622	11623
			11640	11641	11642	11643
			11644	11750	11755	11760
			11772	12031	12032	12034
			12035	12041	12042	12051
			12052	13100	13120	13131
			13151	15220	15576	15760

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) - Outpatient hospital exclusions in Texas and Wisconsin (cont.)		15770	17000	17004	17311
		17313	19101	19110	19112
		20200	20205	20220	20225
		20240	20245	20520	20525
		20526	20551	20600	20604
		20605	20606	20610	20611
		20612	20693	20694	20912
		21011	21014	21030	21031
		21040	21046	21048	21315
		21325	21330	21335	21337
		21356	21550	21557	21920
		21932	21933	22900	22901
		23076	23120	23140	23150
		23405	23415	23430	23440
		23480	23615	23630	23700
		24000	24006	24065	24066
		24073	24075	24076	24101
		24102	24105	24110	24120
		24130	24147	24200	24201
		24300	24310	24340	24341
		24342	24343	24357	24358
		24515	24516	24586	24615
		24665	24666	25000	25071
		25073	25075	25076	25085
		25105	25107	25109	25110
		25111	25112	25115	25118
		25120	25130	25151	25210
		25215	25230	25240	25260
		25270	25275	25290	25295
		25350	25545	25605	25606
		25607	25608	25609	25624
		25628	25645	25652	25810
		25825	26011	26020	26045
		26055	26070	26075	26080
		26105	26110	26111	26113
		26115	26116	26121	26123
		26160	26180	26200	26210
		26215	26236	26320	26350
		26356	26357	26392	26410
		26418	26420	26426	26432
		26433	26437	26440	26442

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) - Outpatient hospital exclusions in Texas and Wisconsin (cont.)		26445	26455	26480	26500
		26502	26516	26520	26525
		26540	26541	26542	26567
		26608	26615	26650	26665
		26676	26715	26727	26735
		26742	26746	26756	26765
		26841	26842	26850	26860
		26862	26910	26951	26952
		27043	27045	27047	27048
		27062	27093	27095	27310
		27323	27324	27328	27329
		27331	27332	27334	27335
		27339	27340	27345	27347
		27372	27403	27407	27418
		27570	27606	27613	27614
		27618	27619	27620	27626
		27634	27638	27640	27658
		27659	27665	27680	27690
		27696	27705	27720	27756
		27788	28005	28010	28011
		28020	28022	28043	28045
		28047	28055	28086	28088
		28092	28100	28103	28108
		28111	28112	28113	28120
		28122	28126	28153	28160
		28190	28192	28193	28200
		28208	28225	28232	28234
		28238	28250	28272	28280
		28286	28288	28306	28310
		28312	28313	28315	28322
		28475	28476	28496	28515
		28525	28645	28666	28675
		28755	28760	28810	28825
		29906	30000	30020	30100
		30110	30115	30118	30130
		30220	30310	30580	30630
		30801	31020	31030	31032
		31200	31205	31526	31528
		31529	31530	31540	31545
		31570	31571	31574	31575
		31576	31578	31591	31611

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) - outpatient hospital exclusions in Texas and Wisconsin	(cont.)	31622	31623	31625	31628
		31652	32555	32557	33215
		33216	33241	36000	36010
		36012	36215	36246	36556
		36569	36571	36581	36582
		36589	36821	36901	36902
		37242	37248	37607	37609
		38221	38222	38505	38520
		38740	38760	40810	40812
		41110	41112	41113	41520
		42104	42106	42140	42408
		42420	42425	42800	42810
		42831	43202	43220	43226
		43229	43250	43270	44388
		44389	44392	44394	45172
		45379	45386	45398	46080
		46257	46612	49550	50430
		50435	50575	50688	51102
		51702	51710	51715	51720
		51726	51728	51729	52001
		52007	52214	52265	52275
		52282	52283	52285	52300
		52315	52317	52325	52327
		52330	52341	52354	52450
		52500	52630	52640	53020
		53230	53260	53265	53270
		53440	53445	53450	53605
		53665	54001	54055	54057
		54060	54065	54100	54110
		54164	54300	54360	54450
		54512	54530	54600	54620
		54640	54700	54830	54860
		55041	55060	55100	55110
		55120	55500	55520	55540
		56405	56420	56440	56441
		56442	56501	56515	56605
		56620	56700	56740	56810
		56821	57000	57061	57065
		57100	57105	57130	57135
		57260	57268	57282	57283
		57287	57295	57300	57410

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) - Outpatient hospital exclusions in Texas and Wisconsin (cont.)		57415	57420	57421	57425
		57452	57454	57456	57500
		57505	57510	57511	57513
		57530	57700	57720	57800
		58100	58120	58560	64425
		64530	64585	64610	64642
		64644	64646	64647	64702
		64718	64719	64774	64776
		64782	64784	64788	64795
		64831	64835	65400	65420
		65435	65436	65750	65755
		65772	65778	65779	65800
		65815	65850	65865	65875
		65920	66172	66185	66682
		66840	66850	66852	66983
		66985	67005	67025	67039
		67043	67101	67107	67110
		67120	67121	67145	67210
		67218	67220	67221	67314
		67316	67318	67345	67400
		67412	67414	67420	67445
		67550	67560	67700	67800
		67801	67805	67808	67875
		67880	67935	67938	67971
		67973	67975	68100	68135
		68440	68700	68750	68811
		69100	69110	69140	69145
		69222	69310	69320	69421
		69424	69433	69440	69450
		69505	69550	69602	69610
		69620	69632	69633	69635
		69636	69641	69642	69643
		69644	69645	69646	69650
		69660	69661	69662	69801
		69805	69806	29800*	29804*
		54150*	54162*	54163*	
		*Codes are excluded in South Carolina.			
		Surgical procedures on the auditory system			
		69205	69436	69631	
		Surgical procedures on the cardiovascular system			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) - Outpatient hospital exclusions in Texas and Wisconsin (cont.)		36590 Surgical procedures on the digestive system			
		42440 42821 42826 43200 43235 43236 43239 43247 43248 43249 43251 43254 43255 45378 45380 45381 45384 45385 45390 45990 46200 46220 46221 46250 46255 46261 46270 46505 46910 46946 47000 49505 49650 49651 G0105 G0121			
		Surgical procedures on the eye and ocular adnexa 65426 65730 65820 65855 66170 66250 66710 66711 66761 66821 66825 66982 66984 66986 66987 66988 67010 67028 67036 67040 67041 67042 67105 67108 67113 67228 67311 67312 67840 68110 68115 68320 68720 68815			
		Surgical procedures on the female genital system 57240 57250 57461 57520 57522 58353 58558 58561 58562 58563 58565			
		Surgical procedures on the hemic and lymphatic systems 38500 38510 38525			
		Surgical procedures on the integumentary system 10121 11450 11624 11770 13101 13121 13132 15100 15120 15240 19120 19125			
		Surgical procedures on the male genital system 54161* 54840 55040 55700			
		Surgical procedures on the musculoskeletal system 20680 21012 21013 21320			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) - Outpatient hospital exclusions in Texas and Wisconsin (cont.)		21336	21552	21555	21556
		21930	21931	22902	22903
		23071	23075	24071	27327
		27337	27632	28035	28039
		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	32408		
Surgical procedures on the respiratory system		30140	30520	30802	30930
		31525	31535	31536	31541
		31624			
Surgical procedures on the urinary system		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	
Transplant		65756	65780		
Sleep apnea procedures and surgeries	Prior authorization required - Applies to inpatient or outpatient procedures and surgeries including but not limited to	Prior authorization is required for all states.	21685		
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	palatopharyngoplasty/oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. This is only for surgical sleep apnea procedures and not sleep studies.	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.	42145		
Sleep studies Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Prior authorization is required. Sleep studies performed in the home do not require prior authorization, refer to B360 for benefit details. This is not applicable for sleep apnea procedures and surgeries. See sleep apnea procedures and surgeries.	95805 95811	95807	95808	95810

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal cord stimulator Prior authorization required Spinal cord stimulators when implanted for pain management		Prior authorization is required for all states.			
63650	63655	63662	63664		
63685	63688	64570	L8679		
L8680	L8682	L8683	L8685		
L8686	L8687	L8688			
Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.					
63661	63663				
Spine surgery	Prior authorization required for all states	20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511
		22512	22515	22532	22533
		22534	22548	22551	22552
		22554	22556	22558	22585
		22586	22590	22595	22600
		22610	22612	22614	22630
		22632	22633	22634	22800
		22802	22804	22808	22810
		22812	22818	22819	22830
		22840	22841	22842	22843
		22844	22845	22846	22847
		22848	22849	22850	22852
		22853	22854	22855	22856
		22857	22858	22859	22861
		22862	27279	27280	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63035	63040	63042
		63043	63044	63045	63046
		63047	63048	63050	63051
		63055	63056	63057	63064
		63066	63075	63076	63077
		63078	63081	63082	63085
		63086	63087	63088	63090
		63091	63101	63102	63103
		63170	63172	63173	63185

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spine surgery (cont.)		63190	63191	63197	63200
		63250	63251	63252	63265
		63266	63267	63268	63270
		63271	63272	63273	63275
		63276	63277	63278	63280
		63281	63282	63283	63285
		63286	63287	63290	63295
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	0098T		
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.			
		22513	22514		
Surgery	Prior authorization required				
Therapeutic Radiopharmaceuticals	Prior authorization required	A9513	A9590	A9606	A9607
		A9615			
		<u>Diagnosis codes</u>			
		C81.0A	C81.1A	C81.2A	C81.3A
		C81.4A	C81.7A	C81.9A	C82.0A
		C82.1A	C82.2A	C82.3A	C82.4A
		C82.5A	C82.6A	C82.8A	C82.9A
		C83.0A	C83.1A	C83.390	C83.398
		C83.3A	C83.5A	C83.7A	C83.8A
		C83.9A	C84.0A	C84.1A	C84.4A
		C84.6A	C84.7B	C84.9A	C84.AA
		C84.ZA	C85.1A	C85.2A	C85.8A
		C85.9A	C86.00	C86.01	C86.10
		C86.11	C86.20	C86.21	C86.30
		C86.31	C86.40	C86.41	C86.50
		C86.51	C86.60	C86.61	C88.00
		C88.01	C88.20	C88.21	C88.30
		C88.31	C88.40	C88.41	C88.80
		C88.81	C88.90	C88.91	D47.2
		D61.03	E34.00	T45.AX1A	T45.AX1D
		T45.AX1S	T45.AX2A	T45.AX2D	T45.AX2S
		T45.AX3A	T45.AX3D	T45.AX3S	T45.AX4A
		T45.AX4D	T45.AX4S	T45.AX5A	T45.AX5D
		T45.AX5S	T45.AX6A	T45.AX6D	T45.AX6S
		Z17.0	Z17.1	Z17.21	Z17.22
		Z17.31	Z17.32	Z17.410	Z17.411

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Z17.420 Z17.421			
Transplant Organ or tissue transplant or transplant related services before related services before pretreatment or evaluation	Prior authorization required for transplant or transplant-related services before pretreatment or evaluation	For cellular and gene therapy services including Abecma® (Idecaptagene Cicleucel), Aucatzyt, Breyanzi® (Lisocabtagene Maralucel), Carvykti™ (ciltacabtagene autoleucel), Casgevy (tisagenlecleucel), Lantidra (donislecel), Lenmeldy, Lyfgenia (atidarsagene autotemcel), Ryoncil, Skysona™ (elivaldogene autotemcel), Tecartus™ (brexucabtagene autoleucel), Tecelra (axicabtagene ciloleucel), and Zynteglo™ (betibeglogene autotemcel) please call 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		Cellular and gene therapy			
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	Q2058
		J3391	J3392	J3393	J3394
		J3402			
		Temporary and Unclassified			
		C9301*	J3490*	J3590*	
		*For unclassified and temporary code C9301, J3490, J3590, notification/prior authorization is required for Amtagvi, Zevaskyn			
Transplant - Corneal transplant	Prior authorization required	Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.			
		65710			
Transportation	Prior authorization required	A0426	A0428	A0430	A0431
		A0435	A0436	S9960	S9961
Unlisted	Prior authorization required	01999	15999	17999	19499
		20999	21089	21299	21499
		21899	22899	22999	23929
		24999	25999	26989	27299
		27599	27899	28899	29799
		29999	30999	31299	31599
		31899	32999	33999	36299
		37501	37799	38129	38589
		38999	39499	39599	40799

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		40899 42699 43999 44979 47379 48999 50549 54699 58579 59898 64999 67599 69399 76496 77399 81099 85999 88199 89240 90899 93998 96379 99429 A4335 E1399 K0108 L5999	41599 42999 44238 45399 47399 49329 50949 55559 58679 59899 66999 67999 69799 76499 77499 81479 86849 88299 89398 91299 94799 96549 99499 A9999 J3490 L1499 L8499	41899 43289 44799 45999 47579 49659 51999 55899 58999 60659 67299 68399 69949 76999 77799 81599 86999 88399 90399 92499 95199 96999 99600 B9998 J3590 L2999 P9099	42299 43499 44899 46999 47999 49999 53899 58578 59897 60699 67399 68899 69979 77299 79999 84999 87999 88749 90749 93799 95999 99199 A0999 B9999 J9999 L3999
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 for all states.			
		36465 36473 36478 37243 37780	36466 36474 36479 37700	36470 36475 36482 37718	36471 36476 36483 37722
		Prior authorization is required for all states. In addition, site of service will be reviewed as part of the prior authorization process for the following codes except in Texas.			
		37765	37766	37785	
Ventricular assist devices (VAD) A mechanical pump that takes over the function	Prior authorization required	Please call the notification number on the member's 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			

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of the damaged ventricle of the heart and restores normal blood flow		33976	33979	33981	33982
		33983			

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