

Prior authorization requirements for Minnesota Medicaid

Effective May 1, 2024

General information

This list also includes Senior Care Options, Senior Care Plus, Special Needs Basic Care, Long Term Services and Support prior authorization requirements for UnitedHealthcare Community Plan of Minnesota participating health care professionals providing inpatient and outpatient services.

For prior authorization, please submit your request 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 on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call **877-440-9946**

Note: 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, excluding emergent or urgent care.

Prior authorization: Request approval before rendering a service, as required by UnitedHealthcare policy. It's required under the direction of the UnitedHealthcare Health Services department and is an essential part of any managed care organization. Advance notification is required to give UnitedHealthcare timely communication of services so we can do a prospective, concurrent and retrospective care review.

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|---|-------|-------|-------|
| Bariatric | Prior authorization required There is a Centers 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 | 43644 | 43645 | 43659 | 43770 |
| | | 43775 | 43842 | 43845 | 43846 |
| | | 43847 | 43848 | 43860 | |
| | | | | | |
| Behavioral health services | Prior authorization required. Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. | For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services. | | | |
| Bone growth stimulator | Prior authorization required | 20975 | 20979 | E0760 | |
| Breast cancer (BRCA) genetic testing | Prior authorization required | 81162 | 81163 | 81164 | 81212 |
| | | 81432 | 81433 | | |
| Breast reconstruction | Prior authorization | 19316 | 19318 | 19325 | 19328 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|--|--|-------|-------|-------|
| (non-mastectomy) Reconstruction of the breast except when following mastectomy | required | 19330 | 19340 | 19342 | 19350 |
| | | 19357 | 19361 | 19364 | 19367 |
| | | 19368 | 19369 | 19370 | 19371 |
| | | 19380 | 19396 | L8600 | |
| Cancer supportive care | Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis <i>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology DX. See Injectable medications section below.</i> | <u>Injectable colony-stimulating factor drugs that require prior authorization:</u> | | | |
| Bio similar (Zarxio®) | | Q5101* | | | |
| Filgrastim (Neupogen®) | | J1442* | | | |
| Filgrastim-aafi (Nivestym™) | | Q5110* | | | |
| Pegfilgrastim-apgf, biosimilar (Nyvepria®) | | Q5122* | | | |
| Pegfilgrastim (Neulasta®) | | J2506* | | | |
| Pegfilgrastim-bmez (Ziextenzo®) | | Q5120* | | | |
| Pegfilgrastim-cbqv (UDENYCA™) | | Q5111* | | | |
| Pegfilgrastim-jmdb (Fulphila™) | | Q5108* | | | |
| Tbo-filgrastim (Granix®) | | J1447* | | | |
| Filgrastim-ayow (Releuko®) | | Q5125* | | | |
| | | <u>Antiemetic drug:</u> | | | |
| | | J1456 | | | |
| | | <u>Colony Stimulating Factors</u> | | | |
| | J1449 | | | | |
| | <u>Erythropoiesis Stimulating Agents</u> | | | | |
| | J0885 | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|--|-------------------------|-------------------------|----------------|
| Cardiology | <p>Prior authorization required for participating physicians for inpatient, outpatient, and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, and stress echocardiograms prior to performance</p> | <p>For 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 Prior Authorization and Notification on your Provider Portal dashboard. Or, you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit Minnesota's Cardiology Prior Authorization and Notification Program.</p> | | | |
| Cardiovascular | Prior authorization required | 37220 37226 37230 | 37221 37227 37231 | 37224 37228 93580 | 37225 37229 |
| Cartilage implants | Prior authorization required | 27415 | 27416 | | |
| Cerebral seizure monitoring – inpatient video electroencephalogram EEG | <p>Prior authorization required for inpatient services</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center</p> | 95700 95714 95720 | 95711 95715 95722 | 95712 95716 95724 | 95713 95718 |
| Chemotherapy | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis | <p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, you can call 888-397-8129.</p> | | | |

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

| | |
|---------------------|------------------------------|
| Chiropractic | Prior authorization required |
|---------------------|------------------------------|

| | | | | | |
|--|------------------------------|-------|-------|-------|-------|
| Cochlear implants and other auditory implants | Prior authorization required | 69710 | 69714 | 69930 | L8614 |
| | | L8619 | L8690 | L8691 | L8692 |

A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech

| | | |
|---------------------------------|------------------------------|-------|
| Cognitive rehabilitation | Prior authorization required | H2012 |
|---------------------------------|------------------------------|-------|

| | | | | | |
|------------------------------------|------------------------------|-------|-------|--------|--------|
| Cosmetic and reconstructive | Prior authorization required | 11960 | 11971 | 14020* | 14021* |
| | | 14041 | 14060 | 14061* | 14301 |
| | | 15820 | 15821 | 15822 | 15823 |
| | | 15830 | 15847 | 15877 | 15878 |
| | | 15879 | 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 |
| | | 31299 | 67900 | 67901 | 67902 |
| | | 67903 | 67904 | 67906 | 67908 |
| | | 67909 | 67911 | 67912 | 67914 |
| | | 67915 | 67916 | 67917 | 67921 |
| | | 67922 | 67923 | 67924 | 67950 |
| | | 67961 | 67966 | Q2026 | |

*will NOT require prior auth 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 |
| 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 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | | |
|--|--|--|----------|----------|----------|-------|
| Cosmetic and reconstructive (cont.) | | 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 | | |
| | Durable medical equipment (DME) | Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500 | A9279 | A9280 | A9900 | E0194 |
| | | | E0265 | E0266 | E0270 | E0277 |
| | | | E0300 | E0328 | E0329 | E0445 |
| | | | E0457 | E0465 | E0466 | E0470 |
| | | | E0471 | E0483 | E0486 | E0620 |
| | | Prosthetics are not DME | E0636 | E0637 | E0652 | E0656 |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--|---------------------------------|--|-------|-------|-------|
| Durable medical equipment (DME) (cont.) | – see orthotics and prosthetics | E0669 | E0670 | E0675 | E0693 |
| | | E0694 | E0700 | E0710 | E0745 |
| | | E0762 | E0764 | E0766 | E0784 |
| | | E0984 | E0986 | E1002 | E1003 |
| | | E1004 | E1005 | E1006 | E1007 |
| | | E1008 | E1009 | E1010 | E1030 |
| | | E1035 | E1036 | E1130 | E1161 |
| | | E1229 | E1231 | E1232 | E1233 |
| | | E1234 | E1235 | E1236 | E1237 |
| | | E1238 | E1239 | E1825 | E2100 |
| | | E2227 | E2228 | E2230 | E2300 |
| | | E2301 | E2310 | E2311 | E2312 |
| | | E2322 | E2325 | E2327 | E2329 |
| | | E2331 | E2351 | E2373 | E2510 |
| | | E2511 | E2512 | E2599 | E2609 |
| | | E2617 | E2626 | E2627 | E2628 |
| | | E2629 | E2630 | E8000 | E8001 |
| | | E8002 | K0005 | K0008 | K0013 |
| | | K0108 | K0812 | 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 | T1999 | | |
| T5999 | V2786 | V5269 | V5270 | | |
| V5271 | V5272 | V5274 | V5281 | | |
| V5282 | V5283 | V5286 | V5287 | | |
| V5288 | V5290 | | | | |
| Enteral services | Prior authorization required | B9002 | B9998 | | |
| Experimental and investigational and/or linked services | Prior authorization required | 33477 | 36514 | 64722 | 65765 |
| | | 65767 | 66180 | A4638 | A6000 |
| | | A9274 | E0231 | E1831 | S0810 |
| | | S1030 | S1031 | S2102 | S9988 |
| | | S9990 | S9991 | | |
| Femoroacetabular impingement syndrome (FAI) | Prior authorization required | 29914 | 29915 | 29916 | |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--------------------------------------|--|--|-------|-------|-------|
| Gender dysphoria treatment | Prior authorization required | 14000 | 14001 | 14040 | 14302 |
| | | 15734 | 15738 | 15750 | 15757 |
| | | 15758 | 19303 | 53410 | 53430 |
| | | 54125 | 54520 | 54660 | 54690 |
| | | 55175 | 55180 | 55970 | 55980 |
| | | 56625 | 56800 | 56805 | 57110 |
| | | 57335 | 58661 | 58720 | 58940 |
| | | 64856 | 64892 | 64896 | |
| Genetic and molecular testing | Prior authorization required for genetic and molecular testing performed in an outpatient setting 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 laboratory will notify UnitedHealthcare. | 81228 | 81229 | 81277 | 81400 |
| | | 81401 | 81402 | 81403 | 81404 |
| | | 81405 | 81406 | 81407 | 81408 |
| | | 81410 | 81411 | 81412 | 81415 |
| | | 81416 | 81417 | 81420 | 81431 |
| | | 81435 | 81436 | 81445 | 81448 |
| | | 81460 | 81465 | 81479 | 81507 |
| | | 81518 | 81519 | 81520 | 81521 |
| | | 81522 | 81546 | 81599 | 87505 |
| | | 87506 | 87507 | 0250U | 0252U |
| | | 0253U | 0254U | 0258U | 0260U |
| | | 0262U | 0264U | 0265U | 0266U |
| | | 0267U | 0268U | 0269U | 0270U |
| | | 0271U | 0272U | 0273U | 0274U |
| | | 0276U | 0277U | 0278U | 0282U |
| | | 0285U | 0286U | 0287U | 0288U |
| | | 0289U | 0290U | 0291U | 0292U |
| 0293U | 0294U | 0296U | 0297U | | |
| 0298U | 0299U | 0300U | | | |
| Home health care | Prior authorization required | G0299 | G0300 | G0493 | G0494 |
| | | G0495 | G0496 | S9474 | |
| Hysterectomy | Prior authorization required | 58150 | 58152 | 58180 | 58260 |
| | | 58263 | 58267 | 58270 | 58290 |
| | | 58291 | 58292 | 58541 | 58542 |
| | | 58543 | 58544 | 58550 | 58552 |
| | | 58553 | 58554 | 58570 | 58571 |

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

58572

58573

Injectable medications

Prior authorization required

Actemra®

J3262

Acthar®

J0801

Adakveo®

J0791

Aduhelm®

J0172

Aldurazyme

J1931

Amvuttra™

J0225

Apretude™

J0739

Aralast NP, Prolastin-C, Zemaira

J0256

Asceniv

J1554

Avsola™

Q5121

Benlysta

J0490

Berinert

J0597

Botulinum Toxins

J0585

J0586

J0587

J0588

Brineura™

J0567

Briumvi®

J2329

Cerezyme®

J1786

Cimzia®*

J0717

Cinqair®

J2786

Cinryze®

J0598

Cortrophin Gel®

J0802

Crysvita®

CPT® is a registered trademark of the American Medical Association
PCA-5-23-01819-POE-WEB_07132023



| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization |
|---------------------------------------|------------------------|--|
| Injectable medications (cont.) | | J0584 |
| | Cutaquig® | |
| | | J1551 |
| | Daxxify® | |
| | | J0589 |
| | Elaprase® | |
| | | J1743 |
| | Elelyso® | |
| | | J3060 |
| | Elevidys™ | |
| | | J1413 |
| | Elfabrio™ | |
| | | J2508 |
| | Enjaymo® | |
| | | J1302 |
| | Entyvio® | |
| | | J3380 |
| | Evenity | |
| | | J3111 |
| | Exondys-51 | |
| | | J1428 |
| | Eylea HD® | |
| | | J0177 |
| | Fabrazyme® | |
| | | J0180 |
| | Fasenra® | |
| | | J0517 |
| | Fensolvi® | |
| | | J1951 |
| | Feraheme® | |
| | Q0138 | |
| Firmagon® | | |
| | J9155 | |
| Fylintra® | | |
| | Q5130 | |
| Gamifant® | | |
| | J9210 | |
| Givlaari® | | |
| | J0223 | |
| Glassia® | | |
| | J0257 | |
| Hemgenix® | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | |
|--------------------------------|------------------------|--|-------|-------|
| Injectable medications (cont.) | J1411 | | | |
| | Ilaris® | | | |
| | J0638 | | | |
| | Ilumya® | | | |
| | J3245 | | | |
| | Inflectra® | | | |
| | Q5103 | | | |
| | Injectafer® | | | |
| | J1439 | | | |
| | IVIG | | | |
| | 90283 | 90284 | J1459 | J1555 |
| | J1556 | J1557 | J1559 | J1561 |
| | J1566 | J1568 | J1569 | J1572 |
| | J1575 | J1576 | J1599 | |
| | Izervay® | | | |
| | J2782 | | | |
| | Kalbitor® | | | |
| | J1290 | | | |
| | Kanuma® | | | |
| | J2840 | | | |
| | Korsuva® | | | |
| | J0879 | | | |
| | Krystexxa® | | | |
| | J2507 | | | |
| | Lamzede™ | | | |
| | J0217 | | | |
| | Lanreotide™ | | | |
| | J1932 | | | |
| | Lemtrada® | | | |
| | J0202 | | | |
| | Leqembi® | | | |
| | J0174 | | | |
| | Leqvio® | | | |
| J1306 | | | | |
| Lumizyme® | | | | |
| J0221 | | | | |
| Lupron Depot® | | | | |
| J1950 | | | | |
| Lupron Depot, Eligard® | | | | |
| J9217 | | | | |
| Luxturna™ | | | | |
| J3398 | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | |
|---------------------------------------|-----------------------------|--|-------|-------|
| Injectable medications (cont.) | Makena®/17P | J1729 | J2675 | |
| | Mepsevii® | J3397 | | |
| | Monoferric® | J1437 | | |
| | Naglazyme® | J1458 | | |
| | Nexviazyme® | J0219 | | |
| | Nplate® | J2796 | | |
| | Nucala® | J2182 | | |
| | Ocrevus™ | J2350 | | |
| | Onpattro® | J0222 | | |
| | Orencia® | J0129 | | |
| | Oxlumo™ | J0224 | | |
| | Parsabiv™ | J0606 | | |
| | Pombiliti® | J1203 | | |
| | Prolia® | J0897 | | |
| | Qalsody™ | J1304 | | |
| | Radicava® | J1301 | | |
| | Radiopharmaceuticals | | | |
| | Reblozyl® | A9513 | A9606 | A9699 |
| | Releuko® | Q5125 | | |
| | Remicade® | J1745 | | |
| | Renflexis® | Q5104 | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---------------------------------------|-------------------------|--|-------|--|--|
| Injectable medications (cont.) | Riabni™ | | | | |
| | Q5123 | | | | |
| | Rituxan® | | | | |
| | J9312 | | | | |
| | Rituxan Hycela® | | | | |
| | J9311 | | | | |
| | Roctavian™ | | | | |
| | J1412 | | | | |
| | Rolvedon® | | | | |
| | J1449 | | | | |
| | Ruconest® | | | | |
| | J0596 | | | | |
| | Ruxience® | | | | |
| | Q5119 | | | | |
| | Ryplazim™ | | | | |
| | J2998 | | | | |
| | Rystiggo™ | | | | |
| | J9333 | | | | |
| | Sandostatin® | | | | |
| | J2354 | | | | |
| | Sandostatin® LAR | | | | |
| | J2353 | | | | |
| | Saphnelo® | | | | |
| | J0491 | | | | |
| | Scenesse® | | | | |
| | J7352 | | | | |
| | Signifor® LAR | | | | |
| | J2502 | | | | |
| | Simponi Aria® | | | | |
| | J1602 | | | | |
| Skyrizi® | | | | | |
| J2327 | | | | | |
| Sodium Hyaluronate | | | | | |
| J7320 | J7321 | J7322 | J7324 | | |
| J7325 | J7326 | J7327 | J7329 | | |
| J7331 | J7332 | | | | |
| Soliris® | | | | | |
| J1300 | | | | | |
| Somatuline® Depot | | | | | |
| J1930 | | | | | |
| Spevigo® | | | | | |
| J1747 | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|--------------------------------|---|--|-------|-------|--|
| Injectable medications (cont.) | Spinraza® | | | | |
| | J2326 | | | | |
| | Stelara® | | | | |
| | J3358 | | | | |
| | Stimufend® | | | | |
| | Q5127 | | | | |
| | Supprelin® LA | | | | |
| | J9226 | | | | |
| | Syfovre® | | | | |
| | J2781 | | | | |
| | Synagis®** | | | | |
| | 90378 | | | | |
| | Tepezza® | | | | |
| | J3241 | | | | |
| | Therapeutic Radiopharmaceuticals | | | | |
| | A9607 | | | | |
| | Trelstar® | | | | |
| | J3315 | | | | |
| | Triptodur® | | | | |
| | J3316 | | | | |
| | Truxima® | | | | |
| | Q5115 | | | | |
| | Tzield® | | | | |
| | J9381 | | | | |
| | Ultomiris® | | | | |
| | J1303 | | | | |
| | Unclassified Codes* | | | | |
| | C9090 | C9149 | C9151 | C9157 | |
| | C9160 | C9162 | C9166 | C9167 | |
| | C9168 | C9399 | J3490 | J3590 | |
| | Uplizna™ | | | | |
| | J1823 | | | | |
| | VEGF | | | | |
| | J0178 | J0179 | J2777 | J2778 | |
| | J2779 | Q5124 | Q5128 | | |
| Veopoz® | | | | | |
| J9376 | | | | | |
| Viltepso® | | | | | |
| J1427 | | | | | |
| Vimizim® | | | | | |
| J1322 | | | | | |
| Vyepti® | | | | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| Injectable medications (cont.) | | J3032 | | | |
| | | Vyjuvek™ | | | |
| | | J3401 | | | |
| | | Vyondys 53® | | | |
| | | J1429 | | | |
| | | Vyvgart™ | | | |
| | | J9332 | | | |
| | | Vyvgart Hytrulo™ | | | |
| | | J9334 | | | |
| | | White Blood Cell Colony Stimulating Factors | | | |
| | | J1442 | J1447 | J2506 | Q5101 |
| | | Q5108 | Q5110 | Q5111 | Q5120 |
| | | Q5122 | | | |
| | | Xenpozyme® | | | |
| | | J0218 | | | |
| | | Xolair®* | | | |
| | | J2357 | | | |
| | Zoladex® | | | | |
| | J9202 | | | | |
| | Zolgensma® | | | | |
| | J3399 | | | | |
| <p>Please check our Radiology Prior Authorization and Notification Program.</p> <p>*For unclassified and temporary codes C9077, C9090, C9149, C9151, C9157, C9160, C9162, C9166, C9167, C9168, J3490 and J3590, prior authorization is only required for Adzynma, Amondys 45, Cosentyx IV, Evkeeza, Nulibry, Omvoh, Revcovi, Vabysmo</p> <p>** Please obtain prior notification for Cimzia, Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</p> <p>*** 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 Sign In in the top-right corner. Then, select Prior Authorization and Notification on your dashboard. Or you can call 888-397-8129.</p> | | | | | |
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27125 |
| | | 27130 | 27132 | 27134 | 27137 |
| | | 27138 | 27412 | 27446 | 27447 |
| | | 27486 | 27487 | 29866 | 29867 |
| | | 29868 | J7330 | S2122 | |
| Musculoskeletal | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| Non-emergent air ambulance transport | Prior authorization required | A0430 | A0431 | A0435 | A0436 |
| | | S9960 | S9961 | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|---|--|-------|-------|-------|
| Orthognathic surgery Treatment of maxillofacial/jaw functional impairment | Prior authorization required | 21121 | 21123 | 21125 | 21127 |
| | | 21141 | 21142 | 21143 | 21145 |
| | | 21146 | 21147 | 21150 | 21151 |
| | | 21154 | 21155 | 21159 | 21160 |
| | | 21188 | 21193 | 21194 | 21195 |
| | | 21196 | 21198 | 21199 | 21206 |
| | | 21208 | 21209 | 21210 | 21215 |
| | | 21240 | 21242 | 21244 | 21245 |
| | | 21246 | 21247 | 21248 | 21249 |
| | | 21255 | 21296 | 21299 | |
| Orthopedic surgeries | Prior authorization required | 24365 | 25441 | 25442 | 25444 |
| | | 25446 | 25449 | 27700 | 29834 |
| | | 29837 | 29838 | 29840 | 29844 |
| | | 29845 | 29846 | 29847 | 29891 |
| | | 29892 | 29894 | 29895 | 29897 |
| | | 29898 | 29899 | | |
| Orthotics and prosthetics | Prior authorization required only for orthotics and prosthetics with a retail purchase or a 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 | L1830 | L1831 |
| | | L1832 | L1834 | L1836 | L1840 |
| | | L1844 | L1845 | L1846 | L1847 |
| | | L1860 | L1945 | L1950 | L1970 |
| | | L2000 | L2005 | L2010 | L2020 |
| | | L2030 | L2034 | L2036 | L2037 |
| | | L2038 | L2060 | L2106 | L2108 |
| | | L2126 | L2128 | 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 | L5010 | | |
| L5020 | L5050 | L5060 | L5100 | | |
| L5105 | L5150 | L5160 | L5200 | | |
| L5210 | L5220 | L5230 | L5250 | | |
| L5270 | L5280 | L5301 | L5312 | | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | |
|--|------------------------|--|-------|-------|
| Orthotics and prosthetics (cont.) | 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 | L5653 | L5661 | L5673 |
| | L5682 | L5683 | L5700 | L5702 |
| | L5703 | L5705 | L5706 | L5716 |
| | L5718 | L5722 | L5724 | L5726 |
| | L5728 | L5780 | L5782 | 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 | |

| Procedures and services | Additional information | CPT® or HCPCS codes and/or how to obtain prior authorization | | | |
|---|--|--|-------------------------|-------------------------|-------------------------|
| | | L8042 | L8043 | L8044 | L8045 |
| | | L8046 | L8047 | L8499 | L8609 |
| | | L8610 | L8612 | L8631 | L8659 |
| Pain management | Prior authorization required | 62350 62362 | 62351 | 62360 | 62361 |
| Prostate procedures | Prior authorization required | 37243 53852 | 52441 55873 | 52442 55874 | 53850 |
| Radiation therapy | Prior authorization required | 77520 | 77522 | 77523 | 77525 |
| Radiology | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures</p> <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans <p>Nuclear medicine and nuclear cardiology procedures</p> | <p>Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your portal dashboard, Or you can call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit Radiology Prior Authorization and Notification Program.</p> | | | |
| Rhinoplasty | Prior authorization required | 30400 30435 30465 | 30410 30450 | 30420 30460 | 30430 30462 |
| Shoulder surgery | Prior authorization required | 29805 29820 29825 | 29806 29822 29826 | 29807 29823 29827 | 29819 29824 29828 |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Sleep apnea procedures and surgeries | Prior authorization required | 21685 | 41599 | 42145 | |
| | Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea | | | | |

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

| | | | | | |
|-----------------------|------------------------------|-------|-------|-------|-------|
| Spinal surgery | Prior authorization required | 20930 | 20931 | 20939 | 22100 |
| | | 22101 | 22102 | 22110 | 22112 |
| | | 22114 | 22206 | 22207 | 22210 |
| | | 22212 | 22214 | 22220 | 22224 |
| | | 22510 | 22511 | 22512 | 22513 |
| | | 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 |
| | | 22854 | 22855 | 22856 | 22858 |
| | | 22861 | 22899 | 63001 | 63003 |
| | | 63005 | 63011 | 63012 | 63015 |
| | | 63016 | 63017 | 63020 | 63030 |
| | | 63040 | 63042 | 63045 | 63046 |
| | | 63047 | 63050 | 63055 | 63056 |
| | | 63064 | 63075 | 63077 | 63081 |
| | | 63085 | 63087 | 63090 | 63101 |
| | | 63102 | 63170 | 63172 | 63173 |
| | | 63185 | 63190 | 63191 | 63200 |
| | | 63250 | 63251 | 63252 | 63265 |
| | | 63267 | 63268 | 63270 | 63271 |
| | | 63272 | 63286 | 63300 | 63301 |
| | | 63302 | 63303 | 63304 | 63305 |
| | | 63306 | 63307 | 63308 | 0098T |

| | | | | | |
|---|------------------------------|-------------------------------|-------|-------|-------|
| Stimulators Implantation of a device that sends electrical impulses | Prior authorization required | Bone growth stimulator | | | |
| | | E0747 | E0748 | E0749 | |
| | | Neurostimulator | | | |
| | | 43648 | 43881 | 43882 | 61863 |
| | | 61864 | 61867 | 61868 | 61885 |
| | | 61886 | 63650 | 63655 | 63685 |
| | | 64553 | 64555 | 64568 | 64570 |
| | | 64590 | 0312T | 0313T | 0314T |
| | | 0315T | 0316T | 0317T | L8680 |
| | | L8682 | L8683 | L8685 | L8686 |
| | | L8687 | L8688 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

| | | |
|--------------------|------------------------------|--|
| Transplants | Prior authorization required | For transplant and CAR-T-cell therapy services including |
|--------------------|------------------------------|--|

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|--|--|--|
|-------------------------|------------------------|--|--|--|--|

Abecma® (Idecaptagene Cicleucel), Breyanzi®, (Lisocabtagene Maralucecel), Carvykti™ (ciltacabtagene autoleucel), 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.

| | | | |
|-------|-------|-------|-------|
| 32850 | 32851 | 32852 | 32853 |
| 32854 | 32855 | 32856 | 33930 |
| 33933 | 33935 | 33940 | 33944 |
| 33945 | 38208 | 38209 | 38210 |
| 38212 | 38213 | 38214 | 38215 |
| 38232 | 38240 | 38241 | 38242 |
| 44132 | 44133 | 44135 | 44136 |
| 44137 | 44715 | 44720 | 44721 |
| 47133 | 47135 | 47140 | 47141 |
| 47142 | 47143 | 47144 | 47145 |
| 47146 | 47147 | 48551 | 48552 |
| 48554 | 50300 | 50320 | 50323 |
| 50325 | 50340 | 50360 | 50365 |
| 50370 | 50547 | 0537T | 0538T |
| 0539T | 0540T | S2060 | S2061 |
| S2152 | | | |

| | | | |
|--------------------|-------|-------|-------|
| CAR T-cell therapy | | | |
| J3490 | J9999 | Q2041 | Q2042 |
| Q2053 | Q2055 | Q2056 | |

| | | | |
|---------------------|-------|-------|--|
| Unclassified codes* | | | |
| C9399 | J3490 | J3590 | |

*Casgevy, Lantidra, Lyfgenia

| | | | | | |
|---|------------------------------|-------|-------|-------|-------|
| Vein procedures | Prior authorization required | 36473 | 36475 | 36478 | 37700 |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | | 37718 | 37722 | 37765 | 37766 |
| | | 37780 | 37799 | | |

| | | | | | |
|--|------------------------------|--|-------|-------|-------|
| Ventricular assist devices (VAD) | Prior authorization required | Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929. | | | |
| A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow | | 33927 | 33928 | 33929 | 33975 |
| | | 33976 | 33979 | 33981 | 33982 |
| | | 33983 | Q0507 | Q0508 | Q0509 |

| | | | | | |
|------------------|------------------------------|-------|--|--|--|
| Wound vac | Prior authorization required | E2402 | | | |
|------------------|------------------------------|-------|--|--|--|