

# Prior Authorization Requirements for Rhode Island Medicaid

Effective September 1, 2023

## General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Rhode Island participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** 866-604-3267

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

Facilities must provide admission notification even if advance notification was provided by a physician and a pre-service coverage approval is on file.

Prior authorization is the process where health care providers seek 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 a requirement of care providers 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   |       |       |       |
|---|---|--|-------|-------|-------|
| <b>Adult day services</b>   | Prior authorization required  | S5102  |       |       |       |
| <b>Bariatric surgery</b>  | Prior authorization required  | 43644  | 43645 | 43659 | 43770 |
| Bariatric surgery and specific obesity-related services                   |   | 43775  | 43842 | 43845 | 43846 |
|   |   | 43847  | 43848 | 43860 |       |
| <b>Behavioral health services</b>   | Prior authorization is not required for routine outpatient services.  | For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services |       |       |       |
| Behavioral health services through a designated behavioral health network | Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. |  |       |       |       |
| <b>Bone growth stimulator</b>   | Prior authorization required  | 20975  | 20979 |       |       |
| Electronic stimulation or ultrasound to heal fractures                    |   |  |       |       |       |
| <b>Breast reconstruction (non-mastectomy)</b>                             | Prior authorization required  | 19316  | 19318 | 19325 | 19328 |
|   |   | 19330  | 19340 | 19342 | 19350 |

| Procedures and Services                        | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|--|--|-------|-------|-------|
| Breast reconstruction (non-mastectomy) (cont.) | Reconstruction of the breast, except when following mastectomy | 19357  | 19361 | 19364 | 19367 |
|  |  | 19368  | 19369 | 19370 | 19371 |
|  |  | 19380  | 19396 | L8600 | 11971 |

**Cancer supportive services**  
 Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis

\*Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 also require prior authorization for non-oncology DX. See Injectable medications section below.

**Injectable colony-stimulating factor drugs that require prior authorization:**

- Filgrastim (Neupogen®)**  
J1442\*
- Filgrastim-aafi (Nivestym™)**  
Q5110\*
- Filgrastim-ayow, (Releuko®)**  
Q5125\*
- Filgrastim-sndz (Zarxio®)**  
Q5101\*
- Pegfilgrastim (Neulasta®)**  
J2506\*
- Pegfilgrastim-appf, biosimilar (Nyvepria®)**  
Q5122\*
- Pegfilgrastim-bmez (Ziextenzo®)**  
Q5120\*
- Pegfilgrastim-cbqv (UDENYCA™)**  
Q5111\*
- Pegfilgrastim-jmdb (Fulphila™)**  
Q5108
- Sargramostim (Leukine®)**  
J2820
- Tbo-filgrastim (Granix®)**  
J1447\*
- Trilaciclib (Cosela®)**  
J1448\*

**Bone-modifying agent that requires prior authorization:**

**Denosumab (Xgeva®)**  
J0897

**Antiemetic codes That Require Prior Authorization:**

J0185      J1453      J1454      J1627  
 J1456

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](http://UHCprovider.com) and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior



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

|   |  |  |
|---|--|--|
| <b>Cancer supportive services (cont.)</b> |  | Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b> . |
|---|--|--|

|                   |  |   |
|-------------------|--|---|
| <b>Cardiology</b> | Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes, prior to performance | <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/RIcommunityplan">UHCprovider.com/RIcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</p> |
|-------------------|--|---|

|                       |  |  |        |        |        |        |        |        |        |        |        |        |        |  |
|-----------------------|--|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--|
| <b>Cardiovascular</b> | Prior authorization required for lower extremities angiogram | <table border="0"> <tr> <td>37220*</td> <td>37221*</td> <td>37224*</td> <td>37225*</td> </tr> <tr> <td>37226*</td> <td>37227*</td> <td>37228*</td> <td>37229*</td> </tr> <tr> <td>37230*</td> <td>37231*</td> <td>93580*</td> <td></td> </tr> </table> | 37220* | 37221* | 37224* | 37225* | 37226* | 37227* | 37228* | 37229* | 37230* | 37231* | 93580* |  |
| 37220*                | 37221*   | 37224*   | 37225* |        |        |        |        |        |        |        |        |        |        |  |
| 37226*                | 37227*   | 37228*   | 37229* |        |        |        |        |        |        |        |        |        |        |  |
| 37230*                | 37231*   | 93580*   |        |        |        |        |        |        |        |        |        |        |        |  |

\*Prior authorization required for the following diagnosis codes:

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

| Procedures and Services   | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |          |          |          |
|---------------------------|------------------------|--|----------|----------|----------|
| Cardiovascular<br>(cont.) |                        | I70.644  | I70.645  | I70.648  | I70.649  |
|                           |                        | I70.661  | I70.662  | I70.663  | I70.668  |
|                           |                        | I70.669  | I70.721  | I70.722  | I70.723  |
|                           |                        | I70.728  | I70.729  | I70.731  | I70.732  |
|                           |                        | I70.733  | I70.734  | I70.735  | I70.738  |
|                           |                        | I70.739  | I70.741  | I70.742  | I70.743  |
|                           |                        | I70.744  | I70.745  | I70.748  | I70.749  |
|                           |                        | I70.761  | I70.762  | I70.763  | I70.768  |
|                           |                        | I70.769  | I72.3    | I72.4    | I72.8    |
|                           |                        | I72.9  | I77.2    | I77.70   | I77.72   |
|                           |                        | I77.77   | I77.79   | I74.3    | I74.4    |
|                           |                        | I74.5  | I74.8    | I74.9    | I75.021  |
|                           |                        | I75.022  | I75.023  | I75.029  | I75.89   |
|                           |                        | T82.818A   | T82.868A | S81.801A | S81.802A |
|                           |                        | S81.809A   | S91.301A | S91.302A | S91.309A |
|                           |                        | M86.051  | M86.052  | M86.059  | M86.061  |
|                           |                        | M86.062  | M86.069  | M86.071  | M86.072  |
|                           |                        | M86.079  | M86.08   | M86.09   | M86.1    |
|                           |                        | M86.10   | M86.151  | M86.152  | M86.159  |
|                           |                        | M86.161  | M86.162  | M86.169  | M86.171  |
|                           |                        | M86.172  | M86.179  | M86.18   | M86.19   |
|                           |                        | M86.20   | M86.251  | M86.252  | M86.259  |
|                           |                        | M86.261  | M86.262  | M86.269  | M86.271  |
|                           |                        | M86.272  | M86.279  | M86.28   | M86.29   |
|                           |                        | M86.30   | M86.351  | M86.352  | M86.359  |
|                           |                        | M86.361  | M86.362  | M86.369  | M86.371  |
|                           |                        | M86.372  | M86.379  | M86.38   | M86.39   |
|                           |                        | M86.40   | M86.451  | M86.452  | M86.459  |
|                           |                        | M86.461  | M86.462  | M86.469  | M86.471  |
|                           |                        | M86.472  | M86.479  | M86.48   | M86.49   |
|                           |                        | M86.50   | M86.551  | M86.552  | M86.559  |
|                           |                        | M86.561  | M86.562  | M86.571  | M86.572  |
|                           |                        | M86.579  | M86.58   | M86.59   | M86.60   |
|                           |                        | M86.651  | M86.652  | M86.659  | M86.661  |
|                           |                        | M86.662  | M86.669  | M86.671  | M86.672  |
|                           |                        | M86.679  | M86.68   | M86.69   | M86.8X0  |
|                           |                        | M86.8X5  | M86.8X6  | M86.8X7  | M86.8X8  |
|                           |                        | M86.8X9  | M86.9    | I96      | L03.115  |
|                           |                        | L03.116  | Q27.30   | Q27.32   | Q27.39   |
|                           |                        | Q27.8  | Q27.9    | Q87.2    | S35.511A |
|                           |                        | S35.512A   | T82.312A | T82.318A | T82.319A |
|                           |                        | T82.338A   | T82.392A | T82.398A | T82.399A |
|                           |                        | T82.898A   | I73.00   | I73.01   | I73.1    |
|                           |                        | I73.81   |          |          |          |

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |                |                 |                 |
|---|---|--|----------------|-----------------|-----------------|
| <b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>   | Prior authorization required for inpatient services   | 95700  | 95711          | 95712           | 95713           |
|   | Prior authorization is not required for outpatient hospital or ambulatory surgical center   | 95714  | 95715          | 95716           | 95718           |
|   |   | 95720  | 95722          | 95724           | 95726           |
| <b>Chemotherapy</b>   | Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal, for a cancer diagnosis | <b>Injectable chemotherapy drugs that require prior authorization:</b><br>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) Leuprolide Acetate (J1954) Lanreotide (J1932)<br>Chemotherapy injectable drugs that have a Q code<br>Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code<br>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b> . |                |                 |                 |
| <b>Cochlear and other auditory implants</b><br>A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech  | Prior authorization required  | 69710  | 69714          | 69930           | L8614           |
|   |   | L8619  | L8690          | L8691           | L8692           |
| <b>Continuous glucose monitor</b>   | Prior authorization required with Type 2 Diabetes Diagnosis   | A4226<br>A9278*<br>E2102   | A4239<br>E0787 | A9276*<br>E2103 | A9277*<br>A4238 |
|   |   | *This code is for a product that is not reimbursable on the medical benefit. Requests for this product need to be submitted to OptumRx. Please contact the OptumRx Help Desk at 800-711-4555 for more information.   |                |                 |                 |
| <b>Cosmetic and reconstructive</b><br><br>Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function<br><br>Reconstructive procedures that treat a medical condition or improve or restore physiologic function | Prior authorization required  | 11960  | 14020*         | 14021*          | 14061*          |
|   |   | 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           |
|   |   | 67900  | 67901          | 67902           | 67903           |
|   |   | 67904  | 67906          | 67908           | 67909           |
|   |   | 67911  | 67912          | 67914           | 67915           |
|   |   | 67916  | 67917          | 67921           | 67922           |
|   |   | 67923  | 67924          | 67950           | 67961           |
| 67966   | Q2026   |  |                |                 |                 |

| Procedures and Services                    | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |          |          |          |
|--|------------------------|--|----------|----------|----------|
| <b>Cosmetic and reconstructive (cont.)</b> |                        | *Effective 5/1/23 – Codes 14020, 14021 and 14061 do NOT require a prior auth when billed with a DX code below. |          |          |          |
|  |                        | C43.0  | C43.10   | C43.111  | C43.112  |
|  |                        | C43.121  | C43.122  | C43.20   | C43.21   |
|  |                        | C43.22   | C43.30   | C43.31   | C43.39   |
|  |                        | C43.4  | C43.51   | C43.52   | C43.59   |
|  |                        | C43.60   | C43.61   | C43.62   | C43.70   |
|  |                        | C43.71   | C43.72   | C43.8    | C43.9    |
|  |                        | C44.01   | C44.02   | C44.09   | C44.101  |
|  |                        | C44.1021   | C44.1022 | C44.1091 | C44.1092 |
|  |                        | C44.111  | C44.1121 | C44.1122 | C44.1191 |
|  |                        | 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    |          |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Durable medical equipment (DME)</b>                                    | Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500<br><br>Prosthetics are not DME – see <i>Orthotics and prosthetics</i> . | A9279  | A9280 | A9900 | E0194 |
|   |  | E0265  | E0266 | E0270 | E0277 |
|   |  | E0300  | E0328 | E0329 | E0445 |
|   |  | E0457  | E0465 | E0466 | E0470 |
|   |  | E0471  | E0483 | E0486 | E0620 |
|   |  | E0636  | E0637 | E0652 | E0656 |
|   |  | E0669  | E0670 | E0675 | E0693 |
|   |  | E0694  | E0700 | E0710 | E0745 |
|   |  | E0762  | 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 | E2322 |
|   |  | E2325  | E2327 | E2329 | E2331 |
|   |  | E2351  | E2373 | E2510 | E2511 |
|   |  | E2512  | E2599 | 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  | T1999 |       |       |
| T5999   | V2786  | V5269  | V5270 |       |       |
| V5271   | V5272  | V5274  | V5281 |       |       |
| V5282   | V5283  | V5286  | V5287 |       |       |
| V5288   | V5290  |  |       |       |       |
| <b>Enteral services</b>   | Prior authorization required   | B4034  | B4035 | B4036 | B4100 |
| In-home nutritional therapy, either enteral or through a gastrostomy tube |  | B4102  | B4103 | B4104 | B4149 |
|   |  | B4150  | B4152 | B4153 | B4155 |
|   |  | B4158  | B4159 | B4160 | B4161 |
|   |  | B9002  | B9998 |       |       |
| <b>Femoroacetabular impingement syndrome (FAI)</b>                        | Prior authorization required   | 29914  | 29915 | 29916 |       |
| <b>Functional endoscopic sinus surgery (FESS)</b>                         | Prior authorization required   | 31240  | 31253 | 31254 | 31255 |
|   |  | 31256  | 31257 | 31259 | 31267 |

| Procedures and Services   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |         |       |       |
|---|---|--|---------|-------|-------|
| <b>Functional endoscopic sinus surgery (FESS) (cont.)</b>         |   | 31276  | 31287   | 31288 |       |
| <b>Gender dysphoria treatment</b>                                 | Prior authorization required  | 55970  | 55980   |       |       |
|   |   | These surgical codes with the following DX codes:            |         |       |       |
|   |   | F64.0  | F64.1   | F64.2 | F64.8 |
|   |   | F64.9  | Z87.890 |       |       |
|   |   | 14000  | 14001   | 14041 | 15734 |
|   |   | 15738  | 15750   | 15757 | 15758 |
|   |   | 19303  | 53410   | 53430 | 54125 |
|   |   | 54520  | 54660   | 54690 | 55175 |
|   |   | 55180  | 56625   | 56800 | 56805 |
|   |   | 57110  | 57335   | 58150 | 58180 |
|   |   | 58260  | 58262   | 58290 | 58291 |
|   |   | 58541  | 58542   | 58543 | 58544 |
|   |   | 58550  | 58552   | 58553 | 58554 |
|   |   | 58570  | 58571   | 58572 | 58573 |
|   |   | 58661  | 58720   | 58940 | 64856 |
|   |   | 64892  | 64896   |       |       |
| <b>Genetic and molecular testing to include BRCA gene testing</b> | Prior authorization required for genetic and molecular testing performed in an outpatient setting   | 81105  | 81106   | 81107 | 81108 |
|   | Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name.   | 81109  | 81110   | 81111 | 81120 |
|   | Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.  | 81121  | 81161   | 81162 | 81163 |
|   |   | 81164  | 81165   | 81166 | 81167 |
|   |   | 81168  | 81170   | 81171 | 81172 |
|   |   | 81173  | 81174   | 81175 | 81176 |
|   |   | 81177  | 81178   | 81179 | 81180 |
|   |   | 81181  | 81182   | 81183 | 81184 |
|   |   | 81185  | 81186   | 81187 | 81188 |
|   |   | 81189  | 81190   | 81191 | 81192 |
|   |   | 81193  | 81194   | 81200 | 81201 |
|   | 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. | 81203  | 81204   | 81205 | 81208 |
|   |   | 81209  | 81212   | 81216 | 81218 |
|   |   | 81220  | 81222   | 81223 | 81224 |
|   |   | 81225  | 81226   | 81227 | 81228 |
|   |   | 81229  | 81230   | 81231 | 81232 |
|   |   | 81233  | 81234   | 81236 | 81237 |
|   |   | 81238  | 81239   | 81240 | 81241 |
|   |   | 81242  | 81243   | 81244 | 81245 |
|   |   | 81246  | 81247   | 81248 | 81249 |
|   |   | 81250  | 81251   | 81252 | 81253 |
|   |   | 81254  | 81255   | 81256 | 81257 |
|   |   | 81258  | 81259   | 81260 | 81261 |
|   |   | 81262  | 81263   | 81264 | 81265 |
|   |   | 81266  | 81267   | 81268 | 81269 |
|   |   | 81271  | 81272   | 81273 | 81274 |



| Procedures and Services  | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |        |       |       |
|--|------------------------|--|--------|-------|-------|
| Genetic and molecular testing to include BRCA gene testing (cont.) |                        | 81276  | 81278  | 81279 | 81283 |
|  |                        | 81284  | 81285  | 81286 | 81287 |
|  |                        | 81288  | 81289  | 81290 | 81291 |
|  |                        | 81292  | 81294  | 81295 | 81297 |
|  |                        | 81298  | 81300  | 81302 | 81303 |
|  |                        | 81304  | 81305  | 81306 | 81307 |
|  |                        | 81309  | 81310  | 81312 | 81313 |
|  |                        | 81314  | 81315  | 81316 | 81317 |
|  |                        | 81318  | 81319  | 81320 | 81321 |
|  |                        | 81322  | 81323  | 81324 | 81325 |
|  |                        | 81326  | 81327  | 81328 | 81329 |
|  |                        | 81330  | 81331  | 81332 | 81333 |
|  |                        | 81334  | 81335  | 81336 | 81337 |
|  |                        | 81338  | 81339  | 81340 | 81341 |
|  |                        | 81342  | 81343  | 81344 | 81345 |
|  |                        | 81346  | 81347  | 81348 | 81349 |
|  |                        | 81350  | 81351  | 81352 | 81353 |
|  |                        | 81355  | 81357  | 81360 | 81361 |
|  |                        | 81362  | 81363  | 81364 | 81370 |
|  |                        | 81371  | 81372  | 81373 | 81375 |
|  |                        | 81376  | 81377  | 81378 | 81379 |
|  |                        | 81380  | 81381  | 81382 | 81383 |
|  |                        | 81400  | 81401  | 81402 | 81403 |
|  |                        | 81404  | 81405  | 81406 | 81407 |
|  |                        | 81408  | 81410  | 81411 | 81412 |
|  |                        | 81413  | 81414  | 81415 | 81416 |
|  |                        | 81417  | 81419  | 81420 | 81430 |
|  |                        | 81431  | 81432  | 81433 | 81434 |
|  |                        | 81435  | 81436  | 81437 | 81438 |
|  |                        | 81439  | 81440  | 81442 | 81445 |
|  |                        | 81448  | 81460  | 81465 | 81470 |
|  |                        | 81471  | 81479  | 81507 | 81518 |
|  |                        | 81519  | 81520  | 81521 | 81522 |
|  |                        | 81523  | 81546  | 81554 | 81595 |
|  |                        | 81599  | 87505  | 87506 | 87507 |
|  |                        | 87623  | 0001U  | 0004M | 0006M |
|  |                        | 0007M  | 0016U  | 0017U | 0018U |
|  |                        | 0022U  | 0023U  | 0026U | 0027U |
|  |                        | 0030U  | 0031U  | 0032U | 0033U |
|  |                        | 0034U  | 0040U  | 0046U | 0049U |
|  | 0055U                  | 0060U  | 0070U  | 0071U |       |
|  | 0072U                  | 0073U  | 0074U  | 0075U |       |
|  | 0076U                  | 0084U  | 0087U  | 0088U |       |
|  | 0111U                  | 0129U  | 00136U | 0137U |       |
|  | 0154U                  | 0155U  | 0157U  | 0158U |       |

| Procedures and Services   | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|--|--|-------|-------|-------|
| <b>Genetic and molecular testing to include BRCA gene testing (cont.)</b> |  | 0159U  | 0160U | 0161U | 0169U |
|   |  | 0170U  | 0171U | 0172U | 0173U |
|   |  | 0175U  | 0177U | 0179U | 0180U |
|   |  | 0181U  | 0182U | 0183U | 0184U |
|   |  | 0185U  | 0186U | 0187U | 0188U |
|   |  | 0189U  | 0190U | 0191U | 0192U |
|   |  | 0193U  | 0194U | 0195U | 0196U |
|   |  | 0197U  | 0198U | 0199U | 0200U |
|   |  | 0201U  | 0203U | 0205U | 0209U |
|   |  | 0214U  | 0215U | 0216U | 0217U |
|   |  | 0218U  | 0221U | 0222U | 0229U |
|   |  | 0230U  | 0231U | 0232U | 0234U |
|   |  | 0235U  | 0236U | 0237U | 0238U |
|   |  | 0245U  | 0246U | 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 | S3870 |       |
| <b>Home health care</b>   | Prior authorization required only in outpatient settings, to include member's home   | G0299  | G0300 | G0493 | G0494 |
|   |  | G0495  | G0496 | S9122 | S9123 |
|   |  | S9124  | S9474 |       |       |
| <b>Hospice</b>  | Prior authorization required   | T2042  | T2043 | T2044 | T2045 |
| <b>Injectable medications</b>   | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129. | <b>Actemra®</b>  |       |       |       |
|   |  | J3262  |       |       |       |
|   |  | <b>Acthar®</b>   |       |       |       |
|   |  | J0800  |       |       |       |
|   |  | <b>Adakveo®</b>  |       |       |       |
|   |  | J0791  |       |       |       |
|   |  | <b>Aduhelm®</b>  |       |       |       |
|   |  | J0172  |       |       |       |
|   |  | <b>Aldurazyme®</b>   |       |       |       |
|   |  | J1931  |       |       |       |
|   |  | <b>Amondys 45</b>  |       |       |       |
|   |  | J1426  |       |       |       |
|   |  | <b>Amvuttra™</b>   |       |       |       |
|   |  | J0225  |       |       |       |
|   |  | <b>Apretude</b>  |       |       |       |
| J0739   |  |  |       |       |       |
|   |  | <b>Aralast NP, Prolastin – C, Zemaira</b>                    |       |       |       |

| Procedures and Services        | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--------------------------------|------------------------|--|-------|-------|-------|
| Injectable medications (cont.) |                        | J0256  |       |       |       |
|                                |                        | <b>Avsola™</b>   |       |       |       |
|                                |                        | Q5121  |       |       |       |
|                                |                        | <b>Benlysta</b>  |       |       |       |
|                                |                        | J0490  |       |       |       |
|                                |                        | <b>Beovu®</b>  |       |       |       |
|                                |                        | J0179  |       |       |       |
|                                |                        | <b>Berinert®</b>   |       |       |       |
|                                |                        | J0597  |       |       |       |
|                                |                        | <b>Botulinum toxins</b>                                      |       |       |       |
|                                |                        | J0585  | J0586 | J0587 | J0588 |
|                                |                        | <b>Brineura™</b>   |       |       |       |
|                                |                        | J0567  |       |       |       |
|                                |                        | <b>Byooviz™</b>  |       |       |       |
|                                |                        | Q5124  |       |       |       |
|                                |                        | <b>Cabenuva</b>  |       |       |       |
|                                |                        | J0741  |       |       |       |
|                                |                        | <b>Cerezyme®</b>   |       |       |       |
|                                |                        | J1786  |       |       |       |
|                                |                        | <b>Cimerli™</b>  |       |       |       |
|                                |                        | Q5128  |       |       |       |
|                                |                        | <b>Cimzia®*</b>  |       |       |       |
|                                |                        | J0717  |       |       |       |
|                                |                        | <b>Cinqair®</b>  |       |       |       |
|                                |                        | J2786  |       |       |       |
|                                |                        | <b>Cinryze®</b>  |       |       |       |
|                                |                        | J0598  |       |       |       |
|                                |                        | <b>Crysvita®</b>   |       |       |       |
|                                |                        | J0584  |       |       |       |
|                                |                        | <b>Cutaquig®</b>   |       |       |       |
|                                |                        | J1551  |       |       |       |
|                                |                        | <b>Elaprase®</b>   |       |       |       |
|                                |                        | J1743  |       |       |       |
|                                |                        | <b>Elelyso®</b>  |       |       |       |
|                                |                        | J3060  |       |       |       |
|                                |                        | <b>Enjaymo™</b>  |       |       |       |
|                                |                        | J1302  |       |       |       |
|                                |                        | <b>Entyvio®</b>  |       |       |       |
|                                |                        | J3380  |       |       |       |
|                                |                        | <b>Erythropoiesis Stimulating Agents****</b>                 |       |       |       |
|                                |                        | J0885  |       |       |       |
|                                |                        | <b>Evenity™</b>  |       |       |       |

| Procedures and Services        | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--------------------------------|------------------------|--|-------|-------|-------|
| Injectable medications (cont.) |                        | J3111  |       |       |       |
|                                |                        | <b>Evkeeza</b>   |       |       |       |
|                                |                        | J1305  |       |       |       |
|                                |                        | <b>Exondys 51™</b>   |       |       |       |
|                                |                        | J1428  |       |       |       |
|                                |                        | <b>Eylea®</b>  |       |       |       |
|                                |                        | J0178  |       |       |       |
|                                |                        | <b>Fabrazyme®</b>  |       |       |       |
|                                |                        | J0180  |       |       |       |
|                                |                        | <b>Fasenra™</b>  |       |       |       |
|                                |                        | J0517  |       |       |       |
|                                |                        | <b>Fensolvi®</b>   |       |       |       |
|                                |                        | J1951  |       |       |       |
|                                |                        | <b>Feraheme®</b>   |       |       |       |
|                                |                        | Q0138  |       |       |       |
|                                |                        | <b>Firmagon®</b>   |       |       |       |
|                                |                        | J9155  |       |       |       |
|                                |                        | <b>Fynetra®</b>  |       |       |       |
|                                |                        | Q5130  |       |       |       |
|                                |                        | <b>Gamifant®</b>   |       |       |       |
|                                |                        | J9210  |       |       |       |
|                                |                        | <b>Givlaari®</b>   |       |       |       |
|                                |                        | J0223  |       |       |       |
|                                |                        | <b>Glassia®</b>  |       |       |       |
|                                |                        | J0257  |       |       |       |
|                                |                        | <b>Hemgenix®</b>   |       |       |       |
|                                |                        | J1411  |       |       |       |
|                                |                        | <b>Ilaris®</b>   |       |       |       |
|                                |                        | J0638  |       |       |       |
|                                |                        | <b>Ilumya™</b>   |       |       |       |
|                                |                        | J3245  |       |       |       |
|                                |                        | <b>Inflectra®</b>  |       |       |       |
|                                |                        | Q5103  |       |       |       |
|                                |                        | <b>Injectafer®</b>   |       |       |       |
|                                |                        | J1439  |       |       |       |
|                                |                        | <b>IVIG</b>  |       |       |       |
|                                |                        | 90283  | 90284 | J1459 | J1554 |
|                                |                        | J1555  | J1556 | J1557 | J1559 |
|                                |                        | J1561  | J1566 | J1568 | J1569 |
|                                |                        | J1572  | J1575 | J1599 |       |
|                                |                        | <b>Kalbitor®</b>   |       |       |       |
|                                |                        | J1290  |       |       |       |

| Procedures and Services        | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |             |
|--------------------------------|------------------------|--|-------------|
| Injectable medications (cont.) |                        | <b>Kanuma®</b><br>J2840                                      |             |
|                                |                        | <b>Korsuva®</b><br>J0879                                     |             |
|                                |                        | <b>Krystexxa®</b><br>J2507                                   |             |
|                                |                        | <b>Lanreotide</b><br>J1932                                   |             |
|                                |                        | <b>Lemtrada®</b><br>J0202                                    |             |
|                                |                        | <b>Leqembi®*****</b><br>J0174                                |             |
|                                |                        | <b>Leqvio®</b><br>J1306                                      |             |
|                                |                        | <b>Lucentis®</b><br>J2778                                    |             |
|                                |                        | <b>Lumizyme®</b><br>J0221                                    |             |
|                                |                        | <b>Lupron Depot®</b><br>J1950                                |             |
|                                |                        | <b>Lupron Depot, Eligard®</b><br>J9217                       |             |
|                                |                        | <b>Luxturna™</b><br>J3398                                    |             |
|                                |                        | <b>Makena®</b><br>J1726                                      | J1729 J2675 |
|                                |                        | <b>Mepsevii®</b><br>J3397                                    |             |
|                                |                        | <b>Monoferric®</b><br>J1437                                  |             |
|                                |                        | <b>Naglazyme®</b><br>J1458                                   |             |
|                                |                        | <b>Nexviazyme®</b><br>J0219                                  |             |
|                                |                        | <b>Nplate®</b><br>J2796                                      |             |
|                                |                        | <b>Nucala®</b><br>J2182                                      |             |
|                                |                        | <b>Ocrevus™</b><br>J2350                                     |             |
|                                |                        | <b>Octreotide Acetate</b><br>J2354                           |             |

| Procedures and Services        | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|--------------------------------|------------------------|--|
| Injectable medications (cont.) |                        | <b>Onpattro™</b><br>J0222                                    |
|                                |                        | <b>Orencia®</b><br>J0129                                     |
|                                |                        | <b>Oxlumo™</b><br>J0224                                      |
|                                |                        | <b>Panzyga®</b><br>J1576                                     |
|                                |                        | <b>Parsabiv™</b><br>J0606                                    |
|                                |                        | <b>Probuphine®</b><br>J0570                                  |
|                                |                        | <b>Prolia®*****</b><br>J0897                                 |
|                                |                        | <b>Radicava®</b><br>J1301                                    |
|                                |                        | <b>Reblozyl®</b><br>J0896                                    |
|                                |                        | <b>Releuko®</b><br>Q5125                                     |
|                                |                        | <b>Remicade®</b><br>J1745                                    |
|                                |                        | <b>Renflexis®</b><br>Q5104                                   |
|                                |                        | <b>Riabni™</b><br>Q5123                                      |
|                                |                        | <b>Rituxan®</b><br>J9312                                     |
|                                |                        | <b>Rituxan Hycela®</b><br>J9311                              |
|                                |                        | <b>Rolvedon™</b><br>J1449                                    |
|                                |                        | <b>Ruconest®</b><br>J0596                                    |
|                                |                        | <b>Ruxience®</b><br>Q5119                                    |
|                                |                        | <b>Ryplazim®</b><br>J2998                                    |
|                                |                        | <b>Sandostatin® LAR</b><br>J2353                             |
|                                |                        | <b>Saphnelo®</b><br>J0491                                    |

| Procedures and Services                    | Additional Information    | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |  |
|--|---------------------------|--|-------|-------|--|
| Injectable medications (cont.)             | <b>Scenesse®</b>          |  |       |       |  |
|  | J7352                     |  |       |       |  |
|  | <b>Signifor® LAR</b>      |  |       |       |  |
|  | J2502                     |  |       |       |  |
|  | <b>Simponi Aria®</b>      |  |       |       |  |
|  | J1602                     |  |       |       |  |
|  | <b>Skyrizi®</b>           |  |       |       |  |
|  | J2327                     |  |       |       |  |
|  | <b>Sodium Hyaluronate</b> |  |       |       |  |
|  | J7320                     | J7321  | J7322 | J7324 |  |
|  | J7325                     | J7326  | J7327 | J7329 |  |
|  | J7331                     | J7332  |       |       |  |
|  | <b>Soliris®</b>           |  |       |       |  |
|  | J1300                     |  |       |       |  |
|  | <b>Somatuline® Depot</b>  |  |       |       |  |
|  | J1930                     |  |       |       |  |
|  | <b>Spevigo®</b>           |  |       |       |  |
|  | J1747                     |  |       |       |  |
|  | <b>Spinraza™</b>          |  |       |       |  |
|  | J2326                     |  |       |       |  |
|  | <b>Spravato®</b>          |  |       |       |  |
|  | S0013                     |  |       |       |  |
|  | <b>Stelara®</b>           |  |       |       |  |
|  | J3358                     |  |       |       |  |
|  | <b>Stimufend®</b>         |  |       |       |  |
|  | Q5127                     |  |       |       |  |
|  | <b>Sublocade™</b>         |  |       |       |  |
|  | Q9991                     | Q9992  |       |       |  |
|  | <b>Sunlenca®</b>          |  |       |       |  |
|  | J1961                     |  |       |       |  |
|  | <b>Supprelin® LA</b>      |  |       |       |  |
|  | J9226                     |  |       |       |  |
| <b>Susvimo™</b>                            |                           |  |       |       |  |
| J2779                                      |                           |  |       |       |  |
| <b>Synagis®*</b>                           |                           |  |       |       |  |
| 90378                                      |                           |  |       |       |  |
| <b>Tepezza®</b>                            |                           |  |       |       |  |
| J3241                                      |                           |  |       |       |  |
| <b>Tezspire™</b>                           |                           |  |       |       |  |
| J2356                                      |                           |  |       |       |  |
| <b>Therapeutic Radiopharmaceuticals***</b> |                           |  |       |       |  |
| A9513                                      | A9590                     | A9606  | A9699 |       |  |

| Procedures and Services        | Additional Information                                  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--------------------------------|---|--|-------|-------|-------|
| Injectable medications (cont.) |   | A9607  |       |       |       |
|                                |   | <b>Trelstar®</b>   |       |       |       |
|                                |   | J3315  |       |       |       |
|                                |   | <b>Triptodur®</b>  |       |       |       |
|                                |   | J3316  |       |       |       |
|                                |   | <b>Trogarzo™</b>   |       |       |       |
|                                |   | J1746  |       |       |       |
|                                |   | <b>Truxima®</b>  |       |       |       |
|                                |   | Q5115  |       |       |       |
|                                |   | <b>Tzield</b>  |       |       |       |
|                                |   | J9381  |       |       |       |
|                                |   | <b>Ultomiris™</b>  |       |       |       |
|                                |   | J1303  |       |       |       |
|                                |   | <b>Unclassified codes**</b>                                  |       |       |       |
|                                |   | C9399  | J3490 | J3590 | C9149 |
|                                |   | <b>Unclassified codes*****</b>                               |       |       |       |
|                                |   | J3490  | J3590 | C9151 |       |
|                                |   | <b>Uplizna®</b>  |       |       |       |
|                                |   | J1823  |       |       |       |
|                                |   | <b>Vabysmo®</b>  |       |       |       |
|                                |   | J2777  |       |       |       |
|                                |   | Viltepsa™  |       |       |       |
|                                |   | J1427  |       |       |       |
|                                |   | <b>Vimizim®</b>  |       |       |       |
|                                |   | J1322  |       |       |       |
|                                |   | <b>Vyepti™</b>   |       |       |       |
|                                |   | J3032  |       |       |       |
|                                |   | <b>Vyondys 53®</b>   |       |       |       |
|                                |   | J1429  |       |       |       |
|                                |   | <b>Vyvgart™</b>  |       |       |       |
|                                | J9332   |  |       |       |       |
|                                | <b>White blood cell colony stimulating factors*****</b> |  |       |       |       |
|                                | J1442   | J1447  | J1448 | J2506 |       |
|                                | Q5101   | Q5108  | Q5110 | Q5111 |       |
|                                | Q5120   | Q5122  |       |       |       |
|                                | <b>Xembify®</b>   |  |       |       |       |
|                                | J1558   |  |       |       |       |
|                                | <b>Xenpozyme®</b>                                       |  |       |       |       |
|                                | J0218   |  |       |       |       |
|                                | <b>Xolair®</b>  |  |       |       |       |
|                                | J2357   |  |       |       |       |
|                                | <b>Zoladex®</b>   |  |       |       |       |



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

**Injectable medications (cont.)**

J9202

**Zolgensma®**

J3399

Please check our Review at *Launch for New to Market Medications* policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our *Review at Launch Medication List*. Pre-determination is highly recommended for the drugs on the list. The Review at *Launch for New to Market Medications* policy is available at **UHCprovider.com** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

\*Please obtain prior notification for Cimzia®, and Synagis through OptumRx prior notifications services at **800-310-6826**.

\*\* For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is required for Nulibry, Purified Cortropin Gel, Revcovi, Xenpozyme.

Effective 4/1/23 - Tzield only use temp codes of C9149, J3490 and J3590, not C9399.

Effective 5/1/23 - Cimerli

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

\*\*\*\*For code J0885, prior authorization is required for both oncology and non-oncology DX.

Prior authorization is not required for ESRD diagnosis.

\*\*\*\*\*For codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 White blood cell colony stimulating factors, prior authorization is required for both oncology and non-oncology DX.

For oncology DX please see Cancer supportive care section above.

For non-oncology DX, submit online at **UHCProvider.com** > Link > Prior Authorization and Notification tool on your link dashboard or call **877-842-3210**.

\*\*\*\*\* Effective Jan 1, 2023 Prior authorization required for J0897 for non oncology DX.

\*\*\*\*\*For unclassified and temporary codes J3490, J3590, and C9151 a prior authorization is required for Syfovre.

\*\*\*\*\* Effective Aug 1, 2023 Prior authorization required for J0174.

|                             |  |
|-----------------------------|--|
| <b>Inpatient admissions</b> | Notification with service detail required (e.g., CPT/HCPCS code) |
|-----------------------------|--|

|  |   |
|--|---|
| <b>Inpatient admissions – post- acute services</b> | Prior authorization and notification of admission date required for these facilities providing post-acute inpatient services: |
|--|---|

- Acute care hospitals
- Acute inpatient rehabilitation
- Critical access hospitals

| Procedures and Services                                   | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|---|---|--|-------|-------|-------|
| <b>Inpatient admissions – post-acute services (cont.)</b> | <ul style="list-style-type: none"> <li>• Long-term acute care hospitals</li> <li>• Skilled nursing facilities</li> </ul>                        |  |       |       |       |
| <b>Joint replacement</b>                                  | Prior authorization required  | 24360  | 24361 | 24362 | 24363 |
|   |   | 24370  | 24371 | 27120 | 27125 |
| Joint, total hip and knee replacement procedures          |   | 27130  | 27132 | 27134 | 27137 |
|   |   | 27138  | 27412 | 27446 | 27447 |
|   |   | 27486  | 27487 | 29866 | 29867 |
|   |   | 29868  | J7330 | S2112 |       |
| <b>Musculoskeletal</b>                                    | Prior authorization required  | <b>Shoulder surgery</b>                                      |       |       |       |
|   |   | 23470  | 23472 | 23473 | 23474 |
| <b>Non-emergent air ambulance transport</b>               | Prior authorization required  | A0430  | A0431 | A0435 | A0436 |
|   |   | S9960  | S9961 |       |       |
| <b>Orthognathic surgery</b>                               | Prior authorization required  | 21121  | 21123 | 21125 | 21127 |
| Treatment of maxillofacial/jaw functional impairment      |   | 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 |       |
| <b>Orthotics and prosthetics</b>                          | Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 | L0112  | L0170 | L0456 | L0462 |
|   |   | L0464  | L0480 | L0482 | L0484 |
|   |   | L0486  | L0624 | L0629 | L0631 |
|   |   | L0632  | L0634 | L0636 | L0637 |
|   |   | L0638  | L0640 | L0700 | L0710 |
|   |   | L0810  | L0820 | L0830 | L0859 |
|   |   | L1000  | L1005 | L1200 | L1300 |
|   |   | L1310  | L1499 | L1680 | L1685 |
|   |   | L1700  | L1710 | L1720 | L1730 |
|   |   | L1755  | L1820 | L1832 | L1840 |
|   |   | L1844  | L1845 | L1846 | L1860 |
|   |   | L1945  | L1950 | L1970 | L2000 |
|   |   | L2005  | L2010 | L2020 | L2030 |
|   |   | L2034  | L2036 | L2037 | L2038 |
|   |   | L2060  | L2106 | L2108 | L2126 |
|   |   | L2136  | L2350 | L2510 | L2526 |
|   |   | L2627  | L2628 | L3230 | L3265 |
|   |   | L3649  | L3671 | L3674 | L3720 |
|   |   | L3730  | L3740 | L3763 | L3764 |
|   |   | L3900  | L3901 | L3904 | L3905 |
|   |   | L3961  | L3971 | L3975 | L3976 |
|   |   | L3977  | L3999 | L4000 | L4010 |

| Procedures and Services           | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|-----------------------------------|------------------------|--|-------|-------|-------|
| Orthotics and prosthetics (cont.) |                        | L4020  | L4631 | L5010 | L5020 |
|                                   |                        | L5050  | L5060 | L5100 | L5105 |
|                                   |                        | L5150  | L5160 | L5200 | L5210 |
|                                   |                        | L5220  | L5230 | L5250 | L5270 |
|                                   |                        | L5280  | L5301 | L5312 | L5321 |
|                                   |                        | L5331  | L5341 | L5400 | L5420 |
|                                   |                        | L5460  | L5500 | L5505 | L5510 |
|                                   |                        | L5520  | L5530 | L5535 | L5540 |
|                                   |                        | L5560  | L5570 | L5580 | L5585 |
|                                   |                        | L5590  | L5595 | L5600 | L5610 |
|                                   |                        | L5613  | L5614 | L5616 | L5639 |
|                                   |                        | L5640  | L5642 | L5643 | L5644 |
|                                   |                        | L5646  | L5647 | L5648 | L5649 |
|                                   |                        | L5651  | L5653 | L5661 | L5673 |
|                                   |                        | L5682  | L5683 | L5700 | L5702 |
|                                   |                        | L5703  | L5705 | L5706 | L5716 |
|                                   |                        | L5718  | L5722 | L5724 | L5726 |
|                                   |                        | L5728  | L5780 | L5790 | L5795 |
|                                   |                        | L5811  | L5812 | L5814 | L5816 |
|                                   |                        | L5818  | L5822 | L5824 | L5826 |
|                                   |                        | L5828  | L5830 | L5845 | L5848 |
|                                   |                        | L5857  | L5858 | L5930 | L5950 |
|                                   |                        | L5960  | L5961 | L5962 | L5964 |
|                                   |                        | L5966  | L5968 | L5973 | L5976 |
|                                   |                        | L5979  | L5980 | L5981 | L5982 |
|                                   |                        | L5984  | L5986 | L5987 | L5988 |
|                                   |                        | L5990  | L5999 | L6000 | L6010 |
|                                   |                        | L6020  | L6050 | L6055 | L6100 |
|                                   |                        | L6110  | L6120 | L6130 | L6200 |
|                                   |                        | L6205  | L6250 | L6300 | L6310 |
|                                   |                        | L6320  | L6350 | L6360 | L6370 |
|                                   |                        | L6380  | L6382 | L6384 | L6400 |
|                                   |                        | L6450  | L6500 | L6550 | L6570 |
|                                   |                        | L6580  | L6582 | L6584 | L6586 |
|                                   |                        | L6588  | L6590 | L6621 | L6623 |
|                                   |                        | L6624  | L6646 | L6648 | L6686 |
|                                   |                        | L6687  | L6689 | L6690 | L6692 |
|                                   |                        | L6693  | L6694 | L6695 | L6696 |
|                                   |                        | L6697  | L6704 | L6707 | L6708 |
|                                   |                        | L6709  | L6711 | L6712 | L6713 |
|                                   | L6714                  | L6715  | L6880 | L6881 |       |
|                                   | L6882                  | L6883  | L6884 | L6885 |       |
|                                   | L6895                  | L6900  | L6905 | L6910 |       |
|                                   | L6915                  | L6920  | L6925 | L6930 |       |

| Procedures and Services  | Additional Information   | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |       |       |       |
|--|--|---|-------|-------|-------|
| Orthotics and prosthetics (cont.)  |  | L6935   | L6940 | L6945 | L6950 |
|  |  | L6955   | L6960 | L6965 | L6970 |
|  |  | L6975   | L7007 | L7008 | L7009 |
|  |  | L7040   | L7045 | L7170 | L7180 |
|  |  | L7181   | L7185 | L7186 | L7190 |
|  |  | L7191   | L7405 | L8040 | L8042 |
|  |  | L8043   | L8044 | L8045 | L8046 |
|  |  | L8047   | L8499 | L8609 | L8610 |
|  |  | L8612   | L8631 | L8659 |       |
| Potentially unproven services  | Prior authorization required   | 33289   | C2624 |       |       |
| Private duty nursing   | Prior authorization required   | T1000   | T1002 | T1003 |       |
| Prostate procedure   | Prior authorization required   | 37243   | 52441 | 52442 | 53850 |
|  |  | 53852   | 55866 | 55873 | 55874 |
| Radiology  | <p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <p>Certain CT, MRI, MRA and PET scans</p> <p>Nuclear medicine and nuclear cardiology procedures</p> | <p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/RIcommunityplan">UHCprovider.com/RIcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</p> |       |       |       |
| Radiation therapy  | Prior authorization required   | <b>IGRT</b>   |       |       |       |
|  |  | 77014   | 77387 | G6001 | G6002 |
|  |  | G6017   |       |       |       |
|  |  | <b>IMRT</b>   |       |       |       |
|  |  | Intensity-Modulated Radiation Therapy   |       |       |       |
|  |  | 77385   | 77386 | G6015 | G6016 |
|  |  | <b>Proton Beam</b>  |       |       |       |
|  |  | Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)  |       |       |       |
|  |  | 77520   | 77522 | 77523 | 77525 |
|  |  | <b>Special/Associated Services</b>  |       |       |       |
| 77331  | 77370  | 77399   | 77470 |       |       |
| <b>SRS/SBRT</b>  |  |   |       |       |       |
| 77371  | 77372  | 77373   | G0339 |       |       |
| G0340  |  |   |       |       |       |
| <b>Standard Radiation Therapy (2D/3D)</b>  |  |   |       |       |       |
| Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92 |  |   |       |       |       |
| 77401  | 77402  | 77407   | 77412 |       |       |

| Procedures and Services                                       | Additional Information  | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization  |       |       |       |
|---|---|---|-------|-------|-------|
| <b>Radiation therapy (cont.)</b>                              |   | G6003   | G6004 | G6005 | G6006 |
|   |   | G6007   | G6008 | G6009 | G6010 |
|   |   | G6011   | G6012 | G6013 | G6014 |
|   |   | <b>Y90</b><br>Implantable Beta-Emitting Microspheres for treatment of malignant tumors<br>79445                      S2095  |       |       |       |
|   |   | For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification on your Provider Portal dashboard, or, call <b>866-889-8054</b> .   |       |       |       |
|   |   | For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCProvider.com/RIcommunityplan">UHCProvider.com/RIcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program  |       |       |       |
| <b>Septoplasty and rhinoplasty</b>                            | Prior authorization required  | 30400   | 30410 | 30420 | 30430 |
| Treatment of nasal functional impairment and septal deviation |   | 30435   | 30450 | 30460 | 30462 |
|   |   | 30465   |       |       |       |
| <b>Shoulder surgery</b>                                       | Prior authorization required  | <b>Musculoskeletal System</b>   |       |       |       |
|   |   | 29805   | 29806 | 29807 | 29819 |
|   | SOS applies to all codes in this category   | 29820   | 29822 | 29823 | 29824 |
|   |   | 29825   | 29826 | 29827 | 29828 |
| <b>Sinuplasty</b>   | Prior authorization required  | 31295   | 31296 | 31297 | 31298 |
| <b>Site of service (SOS) – outpatient hospital</b>            | Prior authorization only required when requesting service in an outpatient hospital setting<br><br>Prior authorization not required if performed at a participating Ambulatory Surgery Center (ASC) | <b>Auditory System</b><br>69205   |       |       |       |
|   |   | <b>Cardiovascular System</b><br>36590                      36832  |       |       |       |
|   |   | <b>Carpal tunnel surgery</b><br>64721   |       |       |       |
|   |   | <b>Cataract surgery</b><br>66821                      66982                      66984                      66987<br>66988  |       |       |       |
|   |   | <b>Colonoscopy</b><br>45378                      45380                      45384                      45385  |       |       |       |
|   |   | <b>Cosmetic and reconstructive</b><br>13101                      13132                      14040                      14060<br>14301                      21552                      21931   |       |       |       |
|   |   | <b>Digestive System</b><br>42415                      42440                      43200                      43236<br>43237                      43238                      43242                      43245<br>43246                      43247                      43248                      43251<br>43254                      43255                      43259                      44360<br>44361                      45171                      45334                      45335 |       |       |       |

| Procedures and Services                                    | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |       |       |       |
|--|------------------------|--|-------|-------|-------|
| <b>Site of service (SOS) – outpatient hospital (cont.)</b> |                        | 45381  | 45390 | 45990 | 46020 |
|  |                        | 46040  | 46050 | 46200 | 46220 |
|  |                        | 46221  | 46250 | 46255 | 46261 |
|  |                        | 46270  | 46275 | 46288 | 46505 |
|  |                        | 46750  | 46910 | 46946 |       |
|  |                        | <b>Ear, nose and throat (ENT) procedures</b>                 |       |       |       |
|  |                        | 21320  | 30140 | 30520 | 69436 |
|  |                        | 69631  |       |       |       |
|  |                        | <b>Eye and Ocular Adnexa</b>                                 |       |       |       |
|  |                        | 65710  | 65820 | 66250 | 66710 |
|  |                        | 66711  | 66825 | 66986 | 67010 |
|  |                        | 67041  | 67042 | 67105 | 67108 |
|  |                        | 67113  | 67840 | 68110 | 68115 |
|  |                        | 68320  | 68720 | 68815 |       |
|  |                        | <b>Gynecologic procedures</b>                                |       |       |       |
|  |                        | 57240  | 57250 | 57461 | 57520 |
|  |                        | 57522  | 58353 | 58558 | 58561 |
|  |                        | 58562  | 58563 | 58565 |       |
|  |                        | <b>Hemic and Lymphatic Systems</b>                           |       |       |       |
|  |                        | 38500  | 38510 | 38525 |       |
|  |                        | <b>Hernia repair</b>   |       |       |       |
|  |                        | 49505  | 49585 | 49587 | 49650 |
|  |                        | 49651  | 49652 | 49653 | 49654 |
|  |                        | 49655  |       |       |       |
|  |                        | <b>Integumentary System</b>                                  |       |       |       |
|  |                        | 10121  | 11440 | 11450 | 11624 |
|  |                        | 11770  | 13121 | 15100 | 15120 |
|  |                        | 15240  | 19020 | 19120 | 19125 |
|  |                        | <b>Liver biopsy</b>  |       |       |       |
|  |                        | 47000  |       |       |       |
|  |                        | <b>Male Genital System</b>                                   |       |       |       |
|  |                        | 54840  |       |       |       |
|  |                        | <b>Miscellaneous</b>   |       |       |       |
|  |                        | 20680  |       |       |       |
|  |                        | <b>Musculoskeletal System</b>                                |       |       |       |
|  |                        | 20552  | 20553 | 21012 | 21013 |
|  |                        | 21336  | 21554 | 21555 | 21556 |
|  |                        | 21930  | 22902 | 22903 | 23071 |
|  |                        | 23075  | 24071 | 27327 | 27337 |
|  |                        | 27632  | 28035 | 28039 | 28041 |
|  |                        | 28060  | 28080 | 28090 | 28104 |
|  |                        | 28110  | 28118 | 28119 | 28124 |
|  |                        | 28285  | 28289 | 28292 | 28296 |
|  |                        | 28297  | 28298 | 28299 | 29835 |

| Procedures and Services   | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |        |       |       |
|---|------------------------------|--|--------|-------|-------|
| <b>Site of service (SOS) – outpatient hospital (cont.)</b>  |                              | 29840  | 29845  | 29846 | 29848 |
|   |                              | 29861  | 29875  | 29876 | 29877 |
|   |                              | 29879  | 29880  | 29881 | 29882 |
|   |                              | 29888  | 29893  | G0260 |       |
|   |                              | <b>Nervous System</b>  |        |       |       |
|   |                              | 64561  | 64640  |       |       |
|   |                              | <b>Ophthalmologic</b>  |        |       |       |
|   |                              | 65426  | 65730  | 65855 | 66170 |
|   |                              | 66761  | 67028  | 67036 | 67040 |
|   |                              | 67228  | 67311  | 67312 |       |
|   |                              | <b>Respiratory System</b>                                    |        |       |       |
|   |                              | 30802  | 30930  | 31525 | 31535 |
|   |                              | 31536  | 31541  | 31624 |       |
|   |                              | <b>Tonsillectomy and adenoidectomy</b>                       |        |       |       |
|   |                              | 42820  | 42821  | 42825 | 42826 |
|   |                              | 42830  |        |       |       |
|   |                              | <b>Upper and lower gastrointestinal endoscopy</b>            |        |       |       |
|   |                              | 43235  | 43239  | 43249 |       |
|   |                              | <b>Urologic procedures</b>                                   |        |       |       |
|   |                              | 50590  | 52000  | 52005 | 52204 |
|   |                              | 52224  | 52234  | 52235 | 52260 |
|   |                              | 52276  | 52281  | 52287 | 52310 |
|   |                              | 52320  | 52332  | 52344 | 52351 |
|   |                              | 52352  | 52353  | 52356 | 54161 |
|   |                              | 55040  | 55700  | 57288 |       |
| <b>Sleep apnea procedures and surgeries</b>   | Prior authorization required | 21685  | 41599  | 42145 |       |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea |                              |  |        |       |       |
| <b>Sleep studies</b>  | Prior authorization required | 95805  | 95807  | 95808 | 95810 |
|   |                              | 95811  |        |       |       |
| <b>Spinal surgery</b>   | Prior authorization required | 22100  | 22101  | 22102 | 22110 |
|   |                              | 22112  | 22114  | 22206 | 22207 |
|   |                              | 22210  | 22212  | 22214 | 22220 |
|   |                              | 22224  | 22510  | 22511 | 22512 |
|   |                              | 22513  | 22514* | 22515 | 22532 |
|   |                              | 22533  | 22548  | 22551 | 22554 |
|   |                              | 22556  | 22558  | 22586 | 22590 |
|   |                              | 22595  | 22600  | 22610 | 22612 |
|   |                              | 22630  | 22633  | 22800 | 22802 |
|   |                              | 22804  | 22808  | 22810 | 22812 |

| Procedures and Services                                 | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |                   |       |       |
|---|------------------------------|--|-------------------|-------|-------|
| <b>Spinal surgery (cont)</b>                            |                              | 22818  | 22819             | 22830 | 22849 |
|   |                              | 22850  | 22852             | 22855 | 22856 |
|   |                              | 22861  | 22864             | 22865 | 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  | 0095T             | 0098T | 0164T |
|   |                              |  | *SOS also applies |       |       |
| <b>Stimulators</b>                                      | Prior authorization required | <b>Bone growth stimulator</b>  |                   |       |       |
|   |                              | E0747  | E0748             | E0749 | E0760 |
| Implantation of a device that sends electrical impulses |                              | <b>Neurostimulator</b>   |                   |       |       |
|   |                              | 43648  | 43881             | 43882 | 61885 |
|   |                              | 63650  | 63655             | 63685 | 64553 |
|   |                              | 64568  | 64570             | 64590 | 0312T |
|   |                              | 0313T  | 0314T             | 0315T | 0316T |
|   |                              | 0317T  | L8680             | L8682 | L8685 |
|   |                              | L8686  | L8687             | L8688 |       |
| <b>Transplants</b>                                      | Prior authorization required | For transplant and CAR T-Cell therapy services, including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene Maralucel), Carvykti (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management Team at <b>888-936-7246</b> or the notification number on the back of the member's 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 |



| Procedures and Services   | Additional Information       | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization   |          |          |       |
|---|------------------------------|--|----------|----------|-------|
| <b>Transplants (cont.)</b>  |                              | 50370  | 50547    | S2060    | S2061 |
|   |                              | S2152  |          |          |       |
|   |                              | <b>CAR T-Cell Therapy</b>  |          |          |       |
|   |                              | 0537T  | 0538T    | 0539T    | 0540T |
|   |                              | Q2056  | Q2041    | Q2042    | Q2053 |
|   |                              | Q2054  | Q2055    |          |       |
|   |                              | <b>Gene Therapy</b>  |          |          |       |
|   |                              | J3490***   | J3590*** | C9399*** |       |
|   |                              | * Code 38232 will only require prior authorization for an oncology diagnosis   |          |          |       |
|   |                              | *** Effective 1/1/23 For Unclassified codes J3490, J3590, and C9399, Skysona and Zytiglo will require Prior Authorization through Optum Transplant |          |          |       |
| <b>Vein procedures</b>  | Prior authorization required | 36468  | 36473    | 36475    | 36478 |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities |                              | 37700  | 37718    | 37722    | 37765 |
|   |                              | 37766  | 37780    |          |       |
|   |                              |  |          |          |       |
| <b>Wound vac</b>  | Prior authorization required | E2402  |          |          |       |