UnitedHealthcare Community Plan of Kansas prior authorization requirements

Effective April 1, 2025

How to submit a prior authorization request

The following list contains prior authorization requirements for health care professionals participating in the UnitedHealthcare Community Plan of Kansas and providing inpatient and outpatient services.

Submit your prior authorization request in one of the following ways:

- **Online** through the UnitedHealthcare Provider Portal:
  - From any page on **UHCprovider.com**, select Sign In at the top-right corner
  - Enter your One Healthcare ID
    - New users who don't have a One Healthcare ID: Visit **UHCprovider.com/access** to get started
  - From the left-hand tabs, select Prior Authorizations & Notifications. Then, click Create a new request.
  - Select the appropriate prior authorization type from the dropdown
  - Enter the required information and click Continue
- For chat options and contact information, visit our **contact resources**
- **Phone**
  - General prior authorization requests at **877-842-3210**
  - Pediatric Care Network (PCN) requests at **833-802-6427**, 8 a.m.–5 p.m. CT, Monday–Friday

Reminder:

- Prior authorization is **not required** for emergent 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

UnitedHealthcare Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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 when referring for mental health and substance abuse/substance use services. For applied behavior analysis (ABA) therapy, submit by fax or Provider Express
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43645 43659 43770 43775 43842 43845 43846 43847 43848 43860
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975 20979
Breast cancer (BRCA) genetic testing	Prior authorization required	81162 81163 81164 81165 81166 81212 81432
Breast reconstruction (nonmastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	11971 19316 19318 19325 19328 19330 19340 19342 19350 19357 19361 19364 19367 19368 19369 19370 19371 19380 19396 L8600
Cancer supportive care	Prior authorization required Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis.	**Injectable colony-stimulating factor drugs that require prior authorization:** **Bio similar (Zarxio®)** Q5101* **Filgrastim (Neupogen®)** J1442* **Filgrastim-aafi (Nivestym®)** Q5110*

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Cancer supportive care (cont.)	*Codes J1442, J1447, J1448, J2506, J2820, J0897, Q5101, Q5108, Q5110, Q5120, Q5122, Q5125 will also require prior authorization for nononcology diagnosis (DX). See the injectable medications section below.	**Pegfilgrastim-apgf, biosimilar (Nyvepria®)** Q5122* **Pegfilgrastim (Neulasta®)** J2506 **Pegfilgrastim-bmez (Ziextenzo®)** Q5120 **Pegfilgrastim-jmdb (Fulphila™)** Q5108* **Sargramostim (Leukine®)** J2820 **Tbo-filgrastim (Granix®)** J1447* **Trilaciclib (Cosela™)** J1448* **Filgrastim-ayow (Releuko®)** Q5125* **Bone-modifying agents that require prior authorization:** **Denosumab (Xgeva®)** J0897* **Antiemetic drugs** J1456 **Colony-stimulating factors** J1449, Q5111 **Erythropoiesis-stimulating agents** J0885 For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to **UHCprovider.com** and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tile on your dashboard. Or you can call **888-397-8129**.
Cardiovascular	Prior authorization required	37220 37221 37224 37225 37226 37227 37228 37229 37230 37231 DX not req prior authorization (PA)

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243
		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.079 M86.10 M86.161 M86.172 M86.20 M86.261 M86.272 M86.30 M86.361 M86.372 M86.40 M86.461 M86.472 M86.50 M86.561 M86.579 M86.651 M86.662 M86.679 M86.8X5 M86.8X9 L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	M86.08 M86.151 M86.162 M86.179 M86.251 M86.262 M86.279 M86.351 M86.362 M86.379 M86.451 M86.462 M86.479 M86.551 M86.562 M86.58 M86.652 M86.669 M86.68 M86.8X6 M86.9 Q27.30 Q27.9 T82.312A T82.392A I73.00	M86.09 M86.152 M86.169 M86.18 M86.252 M86.269 M86.28 M86.352 M86.369 M86.38 M86.452 M86.469 M86.48 M86.552 M86.571 M86.59 M86.659 M86.671 M86.69 M86.8X7 I96 Q27.32 Q87.2 T82.318A T82.398A I73.01	M86.1 M86.159 M86.171 M86.19 M86.259 M86.271 M86.29 M86.359 M86.371 M86.39 M86.459 M86.471 M86.49 M86.559 M86.572 M86.60 M86.661 M86.672 M86.8X0 M86.8X8 L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis.	J1323 Q5112	J2277 Q5129	J2425	J3055

Injectable chemotherapy drugs that require prior authorization:

- 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

Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click Sign In in the top-right corner to sign in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tile on your dashboard. Or you can call **888-397-8129**.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis.	E0787			
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 14061* 15822 15877 17107 21138 21179 21183 21256 21295 28344 67900 67904 67911 67916 67923 67966	14020* 14301 15823 15878 17108 21139 21180 21184 21275 21740 30620 67901 67906 67912 67917 67924 Q2026	14021* 15820 15830 15879 17999 21172 21181 21230 21280 21742 55970 67902 67908 67914 67921 67950	14060 15821 15847 17106 21137 21175 21182 21235 21282 21743 55980 67903 67909 67915 67922 67961
		*Will NOT require prior authorization when billed with skin cancer diagnoses.			
		These surgical codes with the following DX codes:			
		F64.0 F64.9	F64.1 Z87.890	F64.2	F64.8
		14000 15738 19303 54520	14001 15750 53410 54660	14041 15757 53430 54690	15734 15758 54125 55175

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		55180 57110 58260 58541 58550 58570 58661 64892	56625 57335 58262 58542 58552 58571 58720 64896	56800 58150 58290 58543 58553 58572 58940	56805 58180 58291 58544 58554 58573 64856
Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than $500. Prosthetics are not DME – see *Orthotics and prosthetics.*	A4604 A7029 A7033 A7037 A7045 E0240 E0277 E0445 E0470 E0486 E0620 E0656 E0693 E0745 E0784 E1003 E1007 E1030 E1161 E1233 E1237 E1825 E2298 E2322 E2331 E2511 E2612 E2616 E2626 E2630 K0108 K0831 K0851 K0855 K0859 K0863	A4618 A7030 A7034 A7038 A7046 E0265 E0300 E0457 E0471 E0561 E0636 E0669 E0694 E0762 E0984 E1004 E1008 E1035 E1229 E1234 E1238 E2100 E2301 E2325 E2351 E2512 E2613 E2617 E2627 K0005 K0739 K0848 K0852 K0856 K0860 K0864	A7027 A7031 A7035 A7039 A9900 E0266 E0328 E0465 E0472 E0562 E0637 E0670 E0700 E0764 E0986 E1005 E1009 E1036 E1231 E1235 E1239 E2227 E2310 E2327 E2373 E2599 E2614 E2620 E2628 K0008 K0812 K0849 K0853 K0857 K0861 K0868	A7028 A7032 A7036 A7044 E0194 E0270 E0329 E0466 E0483 E0601 E0652 E0675 E0710 E0766 E1002 E1006 E1010 E1130 E1232 E1236 E1399 E2228 E2311 E2329 E2510 E2611 E2615 E2621 E2629 K0013 K0830 K0850 K0854 K0858 K0862 K0869

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		K0870 K0879 K0886 T1999	K0871 K0880 K0890 V2786	K0877 K0884 K0891	K0878 K0885 S1040
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4160	B9002	B9998	
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767 E1831	36514 66180 S0810	64722 A4638 S9990	65765 E0231 S9991
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include BRCA	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.	81162 81229 81402 81406 81432 81445 81518 81522 87506	81163 81277 81403 81407 81437 81448 81519 81546 87507	81164 81400 81404 81408 81440 81460 81520 81595	81228 81401 81405 81412 81443 81465 81521 87505

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Genetic and molecular testing to include BRCA (cont.)	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering health care professional must notify the laboratory conducting the test, and the laboratory will notify UnitedHealthcare.	
Home health services	Prior authorization is required only in outpatient settings, to include member's home. The following procedure codes require documentation of a face-to-face visit within 90 days before the start of services.	97535 97537 99381 99382 99383 99384 99385 99391 99392 99393 99394 99395 99600 99601 99602 G0151 G0152 G0153 G0156 G0299 G0300 H0004 H0045 H2014 S0315 S0316 S5125 S5130 S5135 S5190 S9128 S9129 S9131 S9460 T1000 T1001 T1002 T1003 T1004 T1005 T1019 T1021 T1023 T1030 T1031 T1502 T2025 T2029 T2040
Injectable medications	Prior authorization required	**Abilify Asimtufii®** J0402 **Abilify Maintena** J0401 **Actemra®** J3262 **Acthar®** J0801 **Adakveo®** J0791 **Adasuve** J2062 **Adcetris®** J9042 **Aduhelm®** J0172 **Adynovate®** J7207 **Adzynma™** J7171

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Akynzeo™** J1454 **Aliqopa®** J9057 **Alprolix®** J7201 **Amivantamab (Rybrevant)** J9999 **Amondys 45®** J1426 **Amvuttra™** J0225 **Anti-thymocyte globulin (Atgam™)** J7504 **Aralast NP, Prolastin-C™, Zemaira™** J0256 **Aristada** J1944 **Aristada Initio™** J1943 **Arranon®** J9261 **Arzerra®** J9302 **Ascenic** J1554 **Avonex™** J1826 Q3027 Q3028 **Avsola®** Q5121 **Bavencio™** J9023 **Belantamab mafodotin-blmf (Blenrep)** J9037 **Belinostat (Beleodaq)** J9032 **Bendeka** J9034 **Benlysta** J0490 **Beqvez** J1414

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Betaseron™** J1830 **Bevacizumab-awwb (Mvasi™)** Q5107 **Bicnu** J9050 **Blincyto** J9039 **Bortezomib (Velcade)** J9041 **Botulinum toxins** J0585 J0586 J0587 J0588 **Brineura®** J0567 **Calaspargase pegol-mknl (Asparlas®)** J9118 **Camptosar** J9206 **Cemiplimab-rwlc (Libtayo)** J9119 **Cerezyme™** J1786 **Chlorpromazine** J3230 **Cimzia®*** J0717 **Cinqair®** J2786 **Clofarabine (Clolar™)** J9027 **Cortrophin Gel** J0802 **Cosentyx IV** J3247 **Crysvita®** J0584 **Cutaquig®** J1551 **Cyramza™** J9308 **Darzalex** J9145

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Darzalex Faspro** J9144 **Dinutuximab (Unituxin)** J9999 **Doxorubicin Doxil** Q2050 **Elaprase®** J1743 **Elelyso** J3060 **Elevidys®** J1413 **Elfabrio®** J2508 **Eloctate** J7205 **Empliciti™** J9176 **Enbrel™** J1438 **Enhertu™** J9358 **Enjaymo™** J1302 **Entyvio®** J3380 **Erbitux™** J9055 **Eribulin mesylate (Halaven)** J9179 **Evenity®** J3111 **Evkeeza®** J1305 **Evomela** J9246 **Exondys 51®** J1428 **Fabrazyme®** J0180 **Fasenra™** J0517

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Firazyr®** J1744 **Flolan™** J1325 **Fluphenazine Decanoate** J2680 **Fylnetra™** Q5130 **Gamifant®** J9210 **Gazyva** J9301 **Givlaari®** J0223 **Glassia®** J0257 **Glatiramer (Glatopa™, Copaxone)** J1595 **Glucarpidase (Voraxaze)** J3590 C9293 **Granix®** J1447 **Haloperidol Decanoate™** J1631 **Hemgenix™** J1411 **Herceptin** J9355 **Herceptin Hylecta** J9356 **Herzuma** Q5113 **Hyqvia®** J1575 **Idacio™** Q5131 **Idelvion** J7202 **Ilaris™** J0638 **Ilumya™** J3245

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Imfinzi™** J9173 **Inflectra** Q5103 **Infugem™** J9198 **Inotuzumab ozogamicin (Besponsa™)** J9229 **Invega Sustenna** J2426 **Isatuximab-irfc (Sarclisa™)** J9227 **IVIG** 90283 J1459 J1552 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1576 J1599 **Ixempra™** J9207 **Jemperli** J9272 **Jevtana™** J9043 **Jivi** J7208 **Kadcyla™** J9354 **Kanjinti™** Q5117 **Keytruda™** J9271 **Khapzory™** J0642 **Kisunla™** J0175 **Kyprolis™** J9047 **Lamzede®** J0217 **Lartruvo™** J9285

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Lemtrada®** J0202 **Leqembi™** J0174 **Leukine®** J2820 **Leuprolide Acetate** J9218 **Loncastuximab tesirine (Zynlonta)** C9399 J9999 **Lucentis®** J2778 **Lumizyme®** J0221 **Lumoxiti™** J9313 **Lurbinectedin (Zepzelca™)** J9223 **Luxturna™** J3398 **Margetuximab-cmkb (Margenza™)** J9353 **Mesnex™** J9209 **Mitomycin pyelocalyceal (Jelmyto)** J9281 **Mogamulizumab-kpkc (Poteligeo)** J9204 **Mozobil™** J2562 **Naxitamab-gqgk (Danyelza™)** J9348 **Neulasta®** J2506 **Neupogen®** J1442 **Nplate®** J2802 **Nucala®** J2182 **Ocrevus®** J2350

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Octreotide (Sandostatin™)** J2354 **Ogivri™** Q5114 **Olanzapine, Zyprexxa™** S0166 **Omacetaxine (Synribo™)** J9262 **Omvoh™** J2267 **Oncaspar™** J9266 **Onivyde** J9205 **Onpattro™** J0222 **Opdivo™** J9299 **Opfolda™** J1202 **Orencia®** J0129 **Oxlumo®** J0224 **Paclitaxel protein-bound (Abraxane®)** J9264 **Parsabiv®** J0606 **Pemetrexed (Alimta®)** J9305 **Pemfexy** J9304 **Pepaxton** J9247 **Perjeta** J9306 **Perseris** J2798 **Phesgo** J9316

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Porfimer sodium (Photofrin)** J9600 **Portrazza™** J9295 **Pralatrexate (Folotyn™)** J9307 **Prialt™** J2278 **Prolia Zgeva** J0897 **Provenge™**Q2043 **Rebinyn** J7203 **Rasburicase (Elitek)™** J2783 **Reblozyl®** J0896 **Releuko®** Q5125 **Remicade®** J1745 **Remodulin Treprostinil** J3285 **Renflexis®** Q5104 **Riabni™** Q5123 **Risperdal Consta™** J2794 **Rituxan®** J9312 **Rituxan Hycela®** J9311 **Roctavian®** J1412 **Romidepsin (Istodax™)** J9315 **Rybrevant** J9061

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Rykindo®** J2801 **Rylaze** J9021 **Ryplazim®** J2998 **Rystiggo™** J9333 **Sandostatin LAR™** J2353 **Simponi Aria®** J1602 **Skyrizi®** J2327 **Soliris®** J1299 **Spinraza®** J2326 **Spravato®** S0013 **Stelara®** J3358 **Sunlenca®** J1961 **Supprelin LA** J9226 **Synagis®*** 90378 **Tafasitamab-cxix (Monjuvi™)** J9349 **Tagraxofusp-erzs (Elzonris®)** J9269 **Tecelra** Q2057 **Tecentriq** J9022 **Tepezza®** J3241 **Tezspire™** J2356

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Therapeutic Radiopharmaceuticals** A9606 A9607 A9699 **Tofidence** Q5133 **Trazimera** Q5116 **Treanda™** J9033 **Trelstar®** J3315 **Tremfya™** J1628 **Triptodur®** J3316 **Trodelvy** J9317 **Truxima®** Q5115 **Tyenne™** Q5135 **Tysabri®** J2323 **Tyvaso™** J7686 **Tzield™** J9381 **Ultomiris®** J1303 **Unclassified codes**** C9149 C9172 C9399 J3490 J3590 **Udenyca®** Q5111 **Uplizna®** J1823 **Uzedy™** J2799 **Valstar™** J9357 **Varubi** J2797

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Vectibix™** J9303 **Ventavis™** Q4074 **Veopoz™** J9376 **Viltepso®** J1427 **VPRIV** J3385 **Vyepti®** J3032 **Vyjuvek™** J3401 **Vyondys 53®** J1429 **Vyvgart® Hytrulo** J9334 **Vyxeos** J9153 **White Blood Cell Colony Stimulating Factors** J1442 J1447 J1448 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 **Xembify®** J1558 **Xenpozyme®** J0218 **Xiaflex®** J0775 **Xolair®** J2357 **Xofigo™** A9606 **Yervoy™** J9228 **Yondelis™** J9352 **Zaltrap™** J9400 **Zarxio** Q5101

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Zolgensma®** J3399 **Zynteglo™** J3393 **Zyprexa Relprevv** J2358 Please check our **Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy** for the most up-to-date information on drugs newly approved by the Food and Drug Administration (FDA) and included on our **Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy**. Predetermination is highly recommended for the drugs on the list. The **Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy** is available at **Community Plan Medical & Drug Policies and Coverage Determination Guidelines**. *Please obtain prior notification for Cimzia and Synagis through OptumRx prior notification services at **800-310-6826** **For unclassified and temporary codes C9172, C9399, J3490, J3590, prior authorization is only required for Abilify Asimtufii, Briumvi, Fyarro, Invega Hafyera®, Nexviazyme, Nulibry, Pombiliti, Revatio, Saphnelo, Tegsedi, Tivdak, Uptravi®, Uzedy, Vabysmo™, Voxzogo ***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 Sign In in the top-right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call **888-397-8129**.
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 23472 23473 23474 24360 24361 24362 24363 24370 24371 27120 27125 27130 27132 27134 27137 27138 27412 27446 27447 27486 27487 29866 29867 29868 J7330

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 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics and prosthetics	Prior authorization is required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than $500.	L0112 L0464 L0486 L0632 L0638 L0810 L0999 L1300 L1685 L1730 L1834 L1846 L1970 L2020 L2037 L2108 L2510 L3230 L3674 L3763 L3904 L3975 L4000 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5616 L5643	L0170 L0480 L0624 L0634 L0640 L0820 L1000 L1310 L1700 L1755 L1840 L1860 L2000 L2030 L2038 L2126 L2526 L3265 L3720 L3764 L3905 L3976 L4010 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5639 L5644	L0456 L0482 L0629 L0636 L0700 L0830 L1005 L1499 L1710 L1820 L1844 L1945 L2005 L2034 L2060 L2136 L2627 L3649 L3730 L3900 L3961 L3977 L4020 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5613 L5640 L5646	L0462 L0484 L0631 L0637 L0710 L0859 L1200 L1680 L1720 L1832 L1845 L1950 L2010 L2036 L2106 L2350 L2628 L3671 L3740 L3901 L3971 L3999 L4631 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5614 L5642 L5647

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)	Prior authorization is required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than $500.	L5648 L5661 L5700 L5706 L5724 L5790 L5814 L5824 L5845 L5930 L5962 L5973 L5981 L5987 L6000 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L8040 L8045 L8609 L8659	L5649 L5673 L5702 L5716 L5726 L5795 L5816 L5826 L5848 L5950 L5964 L5976 L5982 L5988 L6010 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8042 L8046 L8610	L5651 L5682 L5703 L5718 L5728 L5811 L5818 L5828 L5857 L5960 L5966 L5979 L5984 L5990 L6020 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8047 L8612	L5653 L5683 L5705 L5722 L5780 L5812 L5822 L5830 L5858 L5961 L5968 L5980 L5986 L5999 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8044 L8499 L8631
Personal care service	Prior authorization required	T1019			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Positron emission tomography (PET) scans	Not a covered benefit unless medically necessary and prior authorization is obtained	78459 78609 78814	78491 78811 78815	78492 78812	78608 78813
Private-duty nursing	Prior authorization required	T1000			
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies	Prior authorization required	95800 95807	95801 95808	95805 95810	95806 95811

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		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	
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	**Bone growth stimulator**			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	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 Abecma™ (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maraluecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Lyfgenia™ (lovotibeglogene autotemcel), 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 J3394 S2060 S2061 S2152 **CAR-T cell therapy** J9999 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 *Code 38232 will only require prior authorization for an oncology diagnosis. **Unclassified codes** J3490* J3590* C9399* *For unclassified codes, prior authorization is required for Casgevy, Lenmeldy, Omisirge

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Vein procedures Removal of ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473 36475 36478 37700 37718 37722 37765 37766 37780
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required VAD device and supplies are not covered.	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at **855-282-8929**. 33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509
Wound vac	Prior authorization required	E2402