

# Prior Authorization Requirements for Kentucky Medicaid

Effective July 1, 2021

## General Information

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

- **Online:** Use the Prior Authorization and Notification tool on [Link](#). Then, select the Prior Authorization and Notification tile on your Link 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.

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>Allergy Testing</b>	Prior authorization required	95004	95012	95017	95018
		95024	95027	95028	95044
		95052	95056	95060	95065
		95070	95076	95079	95115
		95117	95144	95145	95146
		95147	95148	95149	95165
		95170	95180		
<b>Arthroplasty</b>	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24365	24366	24370	24371
		25332	25441	25442	25443
		25444	25445	25446	25447
		25449	26530	26531	26535
		26536	27120	27122	27125
		27130	27132	27134	27137
		27138	27437	27438	27440
		27441	27442	27443	27445
		27446	27447	27486	27487
		27700	27702	27703	27704

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Arthroscopy</b>	Prior authorization required	29805	29806	29807	29819
		29822	29823	29824	29825
		29826	29827	29828	29834
		29837	29838	29840	29843
		29844	29845	29846	29847
		29850	29851	29855	29856
		29860	29861	29862	29863
		29870	29871	29873	29874
		29875	29876	29877	29879
		29880	29881	29882	29883
		29884	29885	29886	29887
		29888	29889	29891	29892
		29893	29894	29895	29897
		29898	29899	29914	29915
		29916			
<b>Bariatric</b>	Prior authorization required There is a Center of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans.	43644	43645	43659	43770
		43771	43772	43773	43774
		43775	43842	43843	43845
		43846	43847	43848	43886
		43887	43888		
		<b>Bariatric with DX code</b>			
		43860	43865		
		Notification/prior authorization required for the following diagnosis codes:			
		E66.01	E66.09	E66.1	E66.2
		E66.3	E66.8	E66.9	Z68.1
		Z68.20	Z68.21	Z68.22	Z68.30
		Z68.31	Z68.32	Z68.33	Z68.34
		Z68.35	Z68.36	Z68.37	Z68.38
		Z68.39	Z68.41	Z68.42	Z68.43
		Z68.44	Z68.45		
<b>Behavioral health services</b>	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance services. <ul style="list-style-type: none"> <li>For ABA Therapy, submit via fax or Provider Express</li> </ul>			
<b>Body Lengthening</b>	Prior authorization required	25280	27685		
<b>Bone Growth Stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974	20975	20979	E0747
		E0748	E0760		
<b>Bone Marrow / Stem Cell</b>	Prior authorization required	38204	38205	38211	38230
		38232	38243		
<b>Breast Reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19364	19367	19368	19369
		19370	19371	19380	19396

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Breast Reconstruction (non-mastectomy) (continued)</b>		<b>Notification/prior authorization not required for the following diagnosis codes:</b>			
		C50.019	C50.011	C50.012	C50.111
		C50.112	C50.119	C50.211	C50.212
		C50.219	C50.311	C50.312	C50.319
		C50.411	C50.412	C50.419	C50.511
		C50.512	C50.519	C50.611	C50.612
		C50.619	C50.811	C50.812	C50.819
		C50.911	C50.912	C50.919	C50.029
		C50.021	C50.022	C50.121	C50.122
		C50.129	C50.221	C50.222	C50.229
		C50.321	C50.322	C50.329	C50.421
		C50.422	C50.429	C50.521	C50.522
		C50.529	C50.621	C50.622	C50.629
		C50.821	C50.822	C50.829	C50.921
		C50.922	C50.929	C79.81	D05.90
		D05.00	D05.01	D05.02	D05.10
		D05.11	D05.12	D05.80	D05.81
		D05.82	D05.91	D05.92	Z85.3
		Z90.10	Z90.11	Z90.12	Z90.13
		Z42.1			

<b>Cancer supportive care</b>	For dates of service on or after Aug. 1, 2021, prior authorization is required for injectable cancer supportive care drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis. For dates of service prior to Aug. 1, 2021 see injectable medications section below.	<b>Anti-Emetics that require prior authorization:</b>			
		<b>Akynzeo® (palonosetron/fosnetupitant)</b>			
		J1454			
		<b>Aloxi® (palonosetron)</b>			
		J2469			
		<b>Cinvanti™ (aprepitant)</b>			
		J0185			
		<b>Emend® (fosaprepitant)</b>			
		J1453			
		<b>Sustol® (granisetron extended release)</b>			
J1627					
To submit prior authorization, please call 888-397-8129					

<b>Cardiology</b>	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance	33206	33207	33208	33212
		33213	33214	33221	33224
		33225	33227	33228	33229
		33230	33231	33240	33249
		33262	33263	33264	33270
		93303	93304	93306	93307
		93308	93350	93351	93452
		93453	93454	93455	93456
		93457	93458	93459	93460
		93461			
	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echocardiograms prior to performance				

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**Procedures and Services**

**Additional Information**

**CPT® or HCPCS Codes and/or  
How to Obtain Prior Authorization**

**Cardiology (continued)**

For notification/prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool tile on your Link dashboard. Or, call **866-889-8054**.

**Cardiovascular**

Prior authorization required

**Cardiology**

33285	37220	37221	37224
37225	37226	37227	37228
37229	93653	93656	

**Potentially Unproven**

33361	33362	33363	33364
33365	33366		

**Vascular**

75710*	75716*		
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\*Prior authorization required for the following diagnosis codes:

E08.51	E08.52	E08.59	E08.621
E09.51	E09.52	E09.59	E09.621
E10.51	E10.52	E10.59	E10.621
E11.51	E11.52	E11.59	E11.621
E13.51	E13.52	E13.59	E13.621
I70.201	I70.202	I70.203	I70.208
I70.209	I70.211	I70.212	I70.213
I70.218	I70.219	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	I70.291
I70.292	I70.293	I70.298	I70.299
I70.301	I70.302	I70.303	I70.308
I70.309	I70.311	I70.312	I70.313
I70.318	I70.319	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	I70.391	I70.392	I70.393
I70.399	I70.401	I70.402	I70.403
I70.408	I70.409	I70.411	I70.412
I70.413	I70.418	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.443	I70.444	I70.445	I70.448
		I70.449	I70.461	I70.462	I70.463
		I70.468	I70.469	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	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	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		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
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
		I70.708	I70.709	I70.711	I70.712
		I70.713	I70.718	I70.719	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	I70.791
		I70.792	I70.793	I70.798	I70.799
		I70.8	I70.90	I70.91	I70.92
		I72.3	I72.4	I72.8	I72.9
		I73.89	I73.9	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		I77.1	I77.2	I77.70	I77.72
		I77.77	I77.79	I96	L03.115
		L03.116	L97.319	L97.329	L97.419
		L97.429	L97.511	L97.512	L97.513
		L97.519	L97.521	L97.522	L97.529
		L97.819	L97.828	L97.829	L97.909
		L97.919	L97.929	L98.491	L98.499
		M79.604	M79.605	M79.606	M79.609
		M79.651	M79.652	M79.659	M79.661

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		M79.662	M79.669	M79.671	M79.672
		M79.673	M79.674	M79.675	M79.676
		M86.661	M86.662	M86.669	M86.671
		M86.672	M86.679	M86.8X7	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	R93.6	S35.511A	S35.512A
		S81.801A	S81.802A	S81.809A	S91.301A
		S91.302A	S91.309A	T82.312A	T82.318A
		T82.319A	T82.338A	T82.392A	T82.398A
		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
	<b>Carpal Tunnel</b>	Prior authorization required	29848	64721	
<b>Cartilage Implants</b>	Prior authorization required	27412	27415	27416	29866
		29867	29868		
<b>Cerebral Seizure Monitoring</b>	Prior authorization required	95700	95711	95712	95713
		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	J0594	J0640	J0641	J0642
		J0894	J1442	J1447	J2505
		J2820	J2860	J9000	J9015
		J9017	J9019	J9022	J9023
		J9025	J9027	J9030	J9032
		J9033	J9034	J9035	J9036
		J9037	J9039	J9040	J9041
		J9042	J9043	J9044	J9045
		J9047	J9050	J9055	J9057
		J9060	J9065	J9070	J9100
		J9118	J9119	J9120	J9130
		J9145	J9150	J9153	J9155
		J9171	J9173	J9175	J9176
		J9177	J9178	J9179	J9181
		J9185	J9190	J9198	J9200
		J9201	J9202	J9203	J9204
		J9205	J9206	J9207	J9208
		J9209	J9210	J9211	J9214
		J9215	J9217	J9218	J9225
		J9226	J9228	J9229	J9245
J9246	J9250	J9260	J9261		
J9262	J9263	J9264	J9266		
J9267	J9268	J9269	J9271		
J9280	J9285	J9293	J9295		
J9299	J9301	J9302	J9303		
J9305	J9306	J9307	J9308		
J9309	J9311	J9312	J9313		
J9315	J9320	J9325	J9328		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Chemotherapy (continued)</b>		J9330	J9340	J9349	J9351
		J9352	J9354	J9355	J9356
		J9357	J9360	J9370	J9371
		J9390	J9395	J9400	J9600
		J9999	Q2017	Q2043	Q2050
		Q5101	Q5107	Q5108	Q5110
		Q5111	Q5114	Q5115	Q5116
		Q5117	Q5118		
To submit prior authorization, please call 888-397-8129					
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	<b>Cochlear Implants and Other Auditory Implants Regardless of Cost</b>			
A medical device within the inner ear, with an external portion, to help persons with profound sensorineural deafness achieve conversational speech		L8615	L8616	L8617	L8618
		<b>Cochlear Implants and Other Auditory Implants with a billed amount or cumulative rental cost of more than \$500</b>			
		69710	69714	69715	69717
		69718	69930	L8619	L8627
		L8628			
<b>Congenital Heart Disease</b>	Prior authorization required	33251	33254	33255	33256
Congenital heart disease-related services, including pre-treatment evaluation		33257	33258	33259	33261
		33404	33414	33415	33416
		33417	33476	33478	33502
		33503	33504	33505	33506
		33507	33600	33602	33606
		33608	33610	33611	33612
		33615	33617	33619	33641
		33645	33647	33660	33665
		33670	33675	33676	33677
		33681	33684	33688	33690
		33692	33694	33697	33702
		33710	33720	33722	33724
		33726	33730	33732	33735
		33736	33737	33750	33755
		33762	33764	33766	33767
		33768	33770	33771	33774
		33775	33776	33777	33778
		33779	33780	33781	33786
		33788	33802	33803	33820
		33822	33840	33845	33851
		33852	33853	33917	33920
		33924	93531	93532	93533
		93561	93562	93580	93581
<b>Continuous Glucose Monitoring</b>	Prior authorization required	<b>Continuous Glucose Monitoring Regardless of Cost</b>			
		K0554			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Continuous Glucose Monitoring (continued)		<b>Continuous Glucose Monitoring with a billed amount or cumulative rental cost of more than \$500</b>			
		95250	95251	A9276	A9277
		A9278	K0553		

Cosmetic	Prior authorization required <i>(For Cosmetic procedures also reference Potentially Cosmetic category below)</i>	21137			
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Durable Medical Equipment (DME)	Prior authorization required	DME Regardless of Cost			
	Prosthetics are not DME – see <i>Orthotics and prosthetics.</i>	A5500	A5501	A5503	A5504
		A5505	A5506	A5508	A5510
		A5512	A5513	A5514	E0565
		E0720	E0730	E0731	E0958
		E1014	E1016	E2207	E2366
		E2367	E2368	E2369	

**DME with a billed amount or cumulative rental cost of more than \$500**

A4600	A6503	A6504	A6505
A6506	A6507	A6509	A6513
A8002	A8003	A9274	A9999
B4100	B4102	B4103	B4104
B4157	B4161	B4162	B9002
B9998	B9999	E0118	E0147
E0193	E0194	E0265	E0266
E0277	E0296	E0297	E0301
E0303	E0304	E0316	E0371
E0372	E0373	E0445	E0455
E0457	E0462	E0466	E0467
E0470	E0482	E0483	E0485
E0486	E0500	E0575	E0601
E0617	E0618	E0619	E0635
E0637	E0638	E0639	E0641
E0642	E0652	E0656	E0670
E0676	E0744	E0745	E0762
E0764	E0769	E0770	E0784
E0947	E0948	E0955	E0956
E0957	E0960	E0983	E0986
E1002	E1003	E1004	E1005
E1006	E1007	E1008	E1009
E1010	E1011	E1012	E1015
E1028	E1029	E1030	E1035
E1036	E1037	E1038	E1039
E1050	E1060	E1070	E1083
E1084	E1085	E1086	E1087
E1088	E1089	E1090	E1092
E1093	E1100	E1110	E1140
E1150	E1160	E1161	E1170



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Durable Medical Equipment  
(DME) (continued)**

E1171	E1172	E1180	E1190
E1195	E1200	E1220	E1222
E1223	E1224	E1229	E1231
E1232	E1233	E1234	E1235
E1236	E1237	E1238	E1240
E1250	E1260	E1270	E1280
E1285	E1290	E1295	E1300
E1399	E1405	E1406	E1800
E1801	E1802	E1805	E1806
E1810	E1811	E1812	E1815
E1816	E1818	E1825	E1830
E1840	E2201	E2202	E2203
E2204	E2216	E2217	E2218
E2227	E2228	E2230	E2231
E2291	E2292	E2293	E2294
E2295	E2300	E2301	E2310
E2311	E2312	E2313	E2321
E2322	E2323	E2324	E2325
E2326	E2327	E2328	E2329
E2330	E2331	E2340	E2341
E2342	E2343	E2351	E2359
E2370	E2372	E2373	E2374
E2375	E2376	E2377	E2378
E2381	E2382	E2383	E2384
E2385	E2386	E2387	E2388
E2389	E2390	E2391	E2392
E2394	E2395	E2396	E2397
E2402	E2502	E2504	E2506
E2508	E2510	E2512	E2601
E2602	E2603	E2604	E2605
E2606	E2607	E2608	E2609
E2610	E2611	E2612	E2613
E2614	E2615	E2616	E2617
E2619	E2620	E2621	E2622
E2623	E2624	E2625	E8000
E8001	E8002	K0002	K0003
K0004	K0005	K0006	K0007
K0009	K0108	K0606	K0669
K0730	K0800	K0801	K0802
K0806	K0807	K0808	K0812
K0813	K0814	K0815	K0816
K0820	K0821	K0822	K0823
K0824	K0825	K0826	K0827
K0828	K0829	K0830	K0831
K0835	K0836	K0837	K0838
K0839	K0840	K0841	K0842
K0843	K0848	K0849	K0850

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Durable Medical Equipment (DME) (continued)</b>		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	K0898
		L5230	L5250	L5270	L5280
		L5301	L5321	L5331	L5341
		L5400	L5420	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5616	L5639	L5643	L5645
		L5647	L5648	L5649	L5651
		L5700	L5701	L5702	L5716
		L5718	L5781	L5782	L5790
		L5795	L5811	L5816	L5818
		L5845	L5950	L5960	L5964
		L5966	L5968	L5988	L5990
		L6000	L6010	L6020	L6026
		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
		L6638	L6686	L6689	L6690
		L6693	L6694	L6696	L6697
		L6707	L6708	L6709	L6712
		L6713	L6714	L6721	L6722
		L6883	L6900	L6905	L6910
		L6915	L6920	L6930	L6940
		L6950	L6960	L6970	L7040
		L8041	L8042	L8043	L8044
		L8045	L8046	L8500	L8691
		L8694	S1040	S8189	S9435
			V2623	V2627	

<b>Enteral and Parenteral Therapy</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4150	B4158	B4159	B4160
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<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	95965
		95966	95967		

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Foot Surgery	Prior authorization required	28285	28289	28291	28292
		28295	28296	28297	28298
		28299			
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required	31237	31239	31240	31253
		31254	31255	31256	31257
		31259	31267	31276	31287
		31288			
Gender Dysphoria Treatment	Prior authorization required when submitted with a diagnosis code F64.0, F64.1, F64.2, F64.8, F64.9 or Z87.890	11980	14000	14001	14041
		15734	15738	15750	31750
		53410	53430	54125	54520
		54660	54690	55150	55175
		55180	56625	56800	56805
		56810	57110	57425	58661
		58720	58940	64856	64892
	64896	90785	96372		
Gender Reassignment	Prior authorization required	57335			
Genetic and Molecular Testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	<b>BRCA Gene Testing</b>			
		81162	81163	81164	81165
		81166	81212	81215	81216
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test. Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81217	81432	81433	
		<b>Genetic Testing</b>			
		81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81167	81170
		81171	81172	81173	81174
		81175	81176	81177	81178
		81179	81180	81181	81182
		81183	81184	81185	81186
		81187	81188	81189	81190
		81200	81201	81202	81203
		81204	81205	81206	81207
		81208	81209	81210	81218
		81219	81220	81221	81222
		81223	81224	81225	81226
		81227	81228	81229	81230
		81231	81232	81233	81234
		81235	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	81270		
81271	81272	81273	81274		

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 (continued)</b>		81275	81276	81283	81284
		81285	81286	81287	81288
		81289	81290	81291	81292
		81293	81294	81295	81296
		81297	81298	81299	81300
		81301	81302	81303	81304
		81305	81306	81307	81308
		81309	81310	81311	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	81340	81341	81342
		81343	81344	81345	81346
		81350	81355	81361	81362
		81363	81364	81370	81371
		81372	81373	81374	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	81420	81430	81431
		81434	81435	81436	81437
		81438	81439	81440	81442
		81445	81448	81460	81465
		81470	81471	81507	81518
		81519	81520	81521	81522
		81595	87481	87482	87505
		87506	87507	87510	87511
		87512	87623	87797	87798
		87799	87800	87801	0001U
		0004M	0006M	0007M	0012U
		0013U	0014U	0016U	0017U
		0018U	0022U	0023U	0026U
		0027U	0030U	0031U	0032U
		0033U	0034U	0040U	0046U
	0049U	0055U	0060U	0068U	
	0070U	0071U	0072U	0073U	
	0074U	0075U	0076U	0084U	
	0087U	0088U	0097U	0111U	
	0129U	0136U	0137U	0154U	
	0155U	0157U	0158U	0159U	
	0160U	0161U			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Hearing</b>	Prior authorization required	V5014 V5140	V5050 V5261	V5060 V5264	V5130 V5267
<b>Heart</b>	Prior authorization required	33266			
<b>Home Health</b>	Prior authorization required	99344 G0156 G0300 S9122 T1004 T1031	99345 G0162 G0495 S9123 T1021	99350 G0164 S5108 S9124 T1022	G0155 G0299 S5109 S9127 T1030
		<b>Occupational Therapy</b>			
		G0158	G0160	S9129	
		<b>Physical Therapy</b>			
		G0157	G0159	S9131	
		<b>Physical Therapy/Occupational Therapy</b>			
		G0151	G0152		
		<b>Speech Therapy</b>			
		G0153	G0161	S9128	
<b>Hospice</b>	Prior authorization required	G0493	G0494	T2042	T2045
<b>Hysterectomy</b>	Prior authorization required	58150 58262 58275 58291 58542 58552 58571	58152 58263 58280 58292 58543 58553 58572	58180 58267 58285 58294 58544 58554 58573	58260 58270 58290 58541 58550 58570
<b>Injectable medications</b> A drug capable of being injected intravenously through an intravenous infusion, subcutaneously or intramuscularly	Prior authorization required	<b>Actemra®</b> J3262 <b>Acthar® Gel</b> J0800 <b>Adakveo®</b> J0791 <b>Akynzeo®</b> J1454* <b>Aldurazyme®</b> J1931 <b>Aloxi®, Palonosetron</b> J2469* <b>Apokyn®</b> J0364 <b>Aralast NP®, Prolastin-C®, Zemaira®</b> J0256 <b>Aranesp®</b> J0881			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<b>Arixtra®</b> , Fondaparinux J1652 <b>Atgam®</b> J7504 <b>Atryn®</b> J7196 <b>Avastin®</b> J9035 <b>Azedra®</b> A9590 <b>Benlysta</b> J0490 <b>Beovu®</b> J0179 <b>Berinert®</b> J0597 <b>Boniva®</b> , Ibandronate J1740 <b>Botox®</b> J0585 <b>Brineura®</b> J0567 <b>Bynfezia™ Pen</b> , Octreotide Acetate, <b>Sandostatin®</b> J2354 <b>Ceprotin®</b> J2724 <b>Cerezyme®</b> J1786 <b>Cinqair®</b> J2786 <b>Cinryze®</b> J0598 <b>Cinvanti®</b> J0185* <b>Crysvita®</b> J0584 <b>Cytogam®</b> J0850 <b>Deferoxamine Mesylate</b> , Desferal® J0895 <b>Dysport®</b>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<p>J0586</p> <p><b>Elaprase®</b></p> <p>J1743</p> <p><b>Elelyso®</b></p> <p>J3060</p> <p><b>Emend®, Fosaprepitant</b></p> <p>J1453*</p> <p><b>Enoxaparin, Lovenox®</b></p> <p>J1650</p> <p><b>Entyvio®</b></p> <p>J3380</p> <p><b>Epoprostenol, Flolan®, Veletri®</b></p> <p>J1325</p> <p><b>Ethyol®</b></p> <p>J0207</p> <p><b>Euflexxa™</b></p> <p>J7323</p> <p><b>Evenity™</b></p> <p>J3111</p> <p><b>Exondys 51™</b></p> <p>J1428</p> <p><b>Eylea®</b></p> <p>J0178</p> <p><b>Fabrazyme®</b></p> <p>J0180</p> <p><b>Fasenra™</b></p> <p>J0517</p> <p><b>Fensolvi®, Lupron Depot®, Lupron Depot-PED®</b></p> <p>J1950</p> <p><b>Feraheme®</b></p> <p>Q0138      Q0139</p> <p><b>Firmagon®</b></p> <p>J9155</p> <p><b>Fragmin®</b></p> <p>J1645</p> <p><b>Fulphila®</b></p> <p>Q5108</p> <p><b>GamaSTAN®, GamaSTAN S/D®</b></p> <p>J1460</p> <p><b>Givlaari®</b></p> <p>J0223</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Glassia®</b>				
	J0257				
	<b>Granix®</b>				
	J1447				
	<b>Hyalgan®, Supartz®</b>				
	J7321				
	<b>Hydroxyprogesterone Caproate (generic Delalutin®)</b>				
	J1729				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya®</b>				
	J3245				
	<b>Iluvien®</b>				
	J7313				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	J1459	J1555	J1556	J1557	
	J1559	J1561	J1566	J1568	
	J1569	J1572	J1575	J1599	
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
	<b>Kepivance®</b>				
	J2425				
	<b>Krystexxa®</b>				
J2507					
<b>Lemtrada®</b>					
J0202					
<b>Leukine®</b>					
J2820					
<b>Lucentis®</b>					
J2778					
<b>Lumizyme®</b>					
J0221					
<b>Lupron Depot, Eligard®</b>					
J9217					
<b>Lutathera®</b>					
A9513					
<b>Luxturna™</b>					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J3398 <b>Macugen®</b> J2503 <b>Makena® / Hydroxyprogesterone Caproate</b> J1726 <b>Mepsevii®</b> J3397 <b>Mircera®</b> J0888 <b>Mozobil®</b> J2562 <b>Myobloc®</b> J0587 <b>Naglazyme®</b> J1458 <b>Neulasta®</b> J2505 <b>Neupogen®</b> J1442 <b>Nivestym®</b> Q5110 <b>Nplate®</b> J2796 <b>Nucala®</b> J2182 <b>NuloJix®</b> J0485 <b>Ocrevus™</b> J2350 <b>Onpattro™</b> J0222 <b>Orencia®</b> J0129 <b>Orthovisc®</b> J7324 <b>Oxlumo™</b> J0224 <b>Ozurdex®</b> J7312 <b>Panhematin®</b> J1640

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<b>Parsabiv™</b> J0606 <b>Probuphine®</b> J0570 <b>Procrit®, Epogen®</b> J0885 <b>Prolia®, Xgeva®</b> J0897 <b>Propel®</b> J7401 <b>Radicava®</b> J1301 <b>Reblozyl®</b> J0896 <b>Reclast®, Zoledronic Acid</b> J3489 <b>Remicade®</b> J1745 <b>Remodulin®, Treprostinil</b> J3285 <b>Retisert®</b> J7311 <b>Rituxan®</b> J9312 <b>Ruconest®</b> J0596 <b>Sandostatin LAR® Depot</b> J2353 <b>Signifor® LAR**</b> J2502 <b>Simponi Aria®</b> J1602 <b>Simulect®</b> J0480 <b>Soliris®</b> J1300 <b>Somatuline® Depot</b> J1930 <b>Spinraza™</b> J2326 <b>Stelara® (IV use)</b> J3358

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<b>Sublocade™</b> Q9991      Q9992 <b>Supprelin® LA</b> J9226 <b>Sustol®</b> J1627* <b>Synagis®</b> 90378 <b>Thrombate® III</b> J7197 <b>Thymoglobulin®</b> J7511 <b>Thyrogen®</b> J3240 <b>Trelstar®</b> J3315 <b>Triptodur™</b> J3316 <b>Trogarzo™</b> J1746 <b>Truxima®</b> Q5115 <b>Tysabri®</b> J2323 <b>Udenyca®</b> Q5111 <b>Ultomiris®</b> J1303 <b>Vantas™</b> J9225 <b>Vibativ®</b> J3095 <b>Vimizim®</b> J1322 <b>Visudyne®</b> J3396 <b>Vivitrol®</b> J2315 <b>VPRIV®</b> J3385 <b>Vyondys 53®</b> J1429

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<b>Xeomin®</b> J0588
		<b>Xiaflex</b> J0775
		<b>Xofigo®</b> A9606
		<b>Xolair®</b> J2357
		<b>Zarxio®</b> Q5101
		<b>Zilretta®</b> J3304
		<b>Zinplava™</b> J0565
		<b>Zoladex®</b> J9202
		<b>Zolgensma®</b> J3399
		<b>Other injectable medications requiring prior authorization</b>
		J0122      J0275      J0291      J0470
		J0475      J0572      J0573      J0575
		J0725      J0740      J0743      J0770
		J0875      J0878      J0882      J0887
		J1071      J1096      J1190      J1212
		J1335      J1430      J1455      J1750
		J1756      J1833      J1943      J1944
		J1953      J1955      J2020      J2248
		J2260      J2274      J2278      J2358
		J2407      J2426      J2430      J2545
		J2597      J2770      J2791      J2794
		J2798      J3090      J3243      J3486
		J7308      J7314      J7340      J7501
		J7525      A9699
		<i>*For dates of service on or after Aug. 1, 2021, please see Cancer supportive care section above for prior authorization requirements</i>
		<i>** Prior authorization is required for dates of service on or after</i>

**Injectable medications-  
Unclassified or temporary  
codes**      Prior authorization required

J3490\*      J3590\*  
*\*For Unclassified or temporary codes C9074, J3490 and J3590, prior authorization is only required for Amondys 45, Cutaquig®, Lupaneta Pack™, Monoferric®, Revcovi®, Scenesse®,*

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications- Unclassified or temporary codes (continued)</b>		<b>Spravato™, Tepezza®, Uplizna™, Voraxaze®, Vyepiti™, and Zulresso™</b>			
<b>Injection Arthrogram</b>	Prior authorization required	27096			
<b>Intensity modulated radiation therapy (IMRT)</b>	Prior authorization required	77385	77386	G6015	G6016
<b>Mastectomy</b>	Prior authorization required	19300			
<b>Medicine Services and Procedures</b>	Prior authorization required	96116	96121	96130	96131
		96132	96133	96136	96137
		96138	96139	96146	97124
		97533	97537	97750	
<b>Neurostimulators</b>	Prior authorization required	43648	43882	61863	61864
Implantation of a device that sends electrical impulses		61867	61868	61885	61886
		64553	64555	64568	64590
		64595			
<b>Orthognathic Surgery</b>	Prior authorization required	21010	21050	21060	21116
Treatment of maxillofacial functional impairment		21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21243	21244
		21245	21246	21247	21248
		21249	21255	21296	
<b>Orthotics and Prosthetics</b>	Prior authorization required	<b>Orthotics and Prosthetics Regardless of Cost</b>			
		L0220	L0452	L0622	L2387
		L2520	L2755	L3806	L3905
		L3913	L3933	L4030	L5673
		L5679	L5704	L5976	L6611
		L6615	L6616	L6620	L6629
		L6895	L8629		
		<b>Orthotics and Prosthetics with a billed amount or cumulative rental cost of more than \$500</b>			
		L0113	L0456	L0457	L0462
		L0464	L0480	L0482	L0484
		L0486	L0488	L0491	L0624
		L0629	L0631	L0632	L0634
		L0635	L0636	L0637	L0638
		L0639	L0640	L0648	L0650
		L0651	L1000	L1200	L1300
		L1310	L1680	L1685	L1686
		L1690	L1700	L1710	L1720
		L1730	L1755	L1832	L1834
		L1840	L1843	L1844	L1845
		L1846	L1860	L1945	L1950
		L1951	L1970	L2000	L2005

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Orthotics and Prosthetics (continued)**

L2010	L2020	L2030	L2034
L2036	L2037	L2038	L2108
L2350	L2510	L2525	L2526
L2627	L2628	L3330	L3671
L3702	L3720	L3730	L3740
L3763	L3904	L3971	L4631
L5010	L5020	L5050	L5060
L5100	L5105	L5150	L5160
L5200	L5210	L5220	L5610
L5611	L5613	L5614	L5681
L5683	L5705	L5706	L5707
L5722	L5724	L5726	L5728
L5780	L5814	L5822	L5824
L5826	L5828	L5830	L5840
L5848	L5856	L5857	L5858
L5859	L5930	L5973	L5979
L5980	L5981	L5987	L6881
L6882	L6925	L6935	L6945
L6955	L6965	L6975	L7007
L7008	L7009	L7045	L7170
L7180	L7181	L7185	L7186
L7190	L7191	L7259	L8499

**Outpatient Therapy**

Prior authorization required

**Physical therapy/Occupational therapy**

94667	94668	97012	97016
97018	97022	97024	97026
97028	97032	97033	97034
97035	97036	97110	97112
97113	97116	97140	97150
97530	97535	97542	

**Speech therapy**

92507	92508	92526	92606
92609	92611	92612	92630
92633	97129	97130	

**Pain Implants**

Prior authorization required

62355	62365	95990	95991
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**Pain Injections**

Prior authorization required

62280	62281	62282	62291
62292			

**Pain Management**

Prior authorization required

20552	20553	62320	62321
62322	62323	62324	62325
62326	62327	62350	62351
62360	62361	62362	62367
62368	62369	62370	64405
64408	64415	64416	64417
64418	64420	64421	64430
64445	64446	64447	64448
64449	64450	64451	64454
64479	64483	64490	64491

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pain Management (continued)</b>		64492	64493	64494	64495
		64505	64510	64517	64520
		64600	64633	64634	64635
		64636	64640	E0782	E0783
<b>Pancreas</b>	Prior authorization required	48160			
<b>Potentially Cosmetic</b>	Prior authorization required	11440	11960	11970	11971
	(For Potentially Cosmetic procedures also reference Cosmetic category above)	14020	14021	14040	14060
		14061	14301	15570	15572
		15574	15730	15731	15733
		15736	15740	15756	15820
		15821	15822	15823	15877
		15878	15879	17106	17107
		17108	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21260	21261
		21263	21267	21268	21275
		21280	21282	21295	21740
		21742	21743	28344	30400
		30410	30420	30430	30435
		30450	30460	30462	30465
		30540	30545	30560	30620
		31295	31296	31297	31298
		54400	54401	54405	67900
		67901	67902	67903	67904
	67906	67908	67909	67911	
	67912	67914	67915	67916	
	67917	67921	67922	67923	
	67924	67950	67961	67966	
<b>Prescribed Pediatric Extended Care Services (PPEC)</b>	Prior authorization required	T1025	T1026		
<b>Private Duty Nursing</b>	Prior authorization required	T1000			
<b>Prostate</b>	Prior authorization required	52441	52442	55866	55874
		<b>Cryosurgical Ablation of Prostate</b>			
		55873			
		<b>Prostate Microwave</b>			
		53850	53852		
<b>Proton Beam Therapy</b>	Prior authorization required	77522	77525		
Focused radiation therapy using beams of protons					
<b>Pulmonary</b>	Prior authorization required	32491			
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:	70336	70450	70460	70470
		70480	70481	70482	70486
		70487	70488	70490	70491
	• Certain CT, MRI, MRA and PET scans	70492	70496	70498	70540
		70542	70543	70544	70545

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Radiology (continued)</b>	<ul style="list-style-type: none"> <li>Nuclear medicine and nuclear cardiology procedures</li> </ul>	70546	70547	70548	70549
		70551	70552	70553	70555
		71250	71260	71270	71271
		71275	71550	71551	71552
		71555	72125	72126	72127
		72128	72129	72130	72131
		72132	72133	72141	72142
		72146	72147	72148	72149
		72156	72157	72158	72159
		72191	72192	72193	72194
		72195	72196	72197	72198
		73200	73201	73202	73206
		73218	73219	73220	73221
		73222	73223	73225	73700
		73701	73702	73706	73718
		73719	73720	73721	73722
		73723	73725	74150	74160
		74170	74174	74175	74176
		74177	74178	74181	74182
		74183	74185	74261	74262
		74712	74713	75557	75559
		75561	75563	75571	75572
		75573	75574	75635	76376
		76377	76380	76390	76391
		76497	76498	77021	77046
		77047	77048	77049	77084
		78012	78013	78014	78015
		78016	78018	78070	78071
		78072	78075	78099	78102
		78103	78104	78185	78195
		78199	78201	78202	78215
		78216	78226	78227	78230
		78231	78232	78258	78261
		78262	78264	78265	78266
		78278	78282	78290	78291
		78299	78300	78305	78306
		78315	78399	78428	78429
		78430	78431	78432	78433
		78445	78451	78452	78453
		78454	78456	78457	78458
		78459	78466	78468	78469
		78472	78473	78481	78483
		78491	78492	78494	78496
		78499	78579	78580	78582
		78597	78598	78599	78600
		78601	78605	78606	78608
		78609	78610	78630	78635

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Radiology (continued)</b>		78645	78650	78660	78699
		78700	78701	78707	78708
		78709	78740	78761	78799
		78800	78801	78802	78803
		78804	78811	78812	78813
		78814	78815	78816	78830
		78831	78832	78999	C8900
		C8901	C8902	C8903	C8904
		C8905	C8906	C8907	C8908
		C8909	C8910	C8911	C8912
		C8913	C8914	C8918	C8919
		C8920	C8931	C8932	C8933
		C8934	C8935	C8936	G0235
		G0252	S8037	S8042	S8085

S8092  
Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.

For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tool on your Link dashboard. Or, call **866-889-8054**.

<b>Shoulder</b>	Prior authorization required	23412			
<b>Sleep Apnea Procedures &amp; Surgeries</b>	Prior authorization required	21685	42145		
Maxillomandibular advancement or oral pharyngeal tissue reduction for treatment of obstructive sleep apnea	Applies to inpatient or outpatient procedures and surgeries including but not limited to palatopharyngoplasty – oral pharyngeal reconstructive surgery that includes laser-assisted uvulopalatoplasty. Applies only for surgical sleep apnea procedures and not sleep studies.				
<b>Sleep Studies</b>	Prior authorization required	95805	95807	95808	95810
Laboratory-assisted and related studies, including polysomnography, to diagnosis sleep apnea and other sleep disorders	Excludes sleep studies performed in the home. Not applicable to sleep apnea procedures and surgeries – see <i>Sleep apnea procedures and surgeries</i>	95811			
<b>Spinal Cord Stimulator</b>	Prior authorization required	63650	63655	63661	63662
Spinal cord stimulators when implanted for pain management		63663	63664	63685	63688
		64570			
<b>Spine Surgery</b>	Prior authorization required	20930	20931	20939	22100
		22101	22102	22103	22110
		22112	22114	22116	22206
		22207	22208	22210	22212
		22214	22216	22220	22222
		22224	22226	22510	22511

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spine Surgery (continued)</b>		22512	22513	22514	22515
		22532	22533	22534	22548
		22551	22552	22554	22556
		22558	22585	22586	22590
		22595	22600	22610	22612
		22614	22630	22632	22633
		22634	22800	22802	22804
		22808	22810	22812	22818
		22819	22830	22840	22841
		22842	22843	22844	22845
		22846	22847	22848	22849
		22850	22852	22853	22854
		22855	22856	22857	22858
		22859	22861	22862	22864
		22865	27279	27280	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63043
		63044	63045	63046	63047
		63048	63050	63051	63055
		63056	63057	63064	63066
		63075	63076	63077	63078
		63081	63082	63085	63086
		63087	63088	63090	63091
		63101	63102	63103	63170
		63172	63173	63185	63190
		63191	63194	63195	63196
		63197	63198	63199	63200
		63250	63251	63252	63265
		63266	63267	63268	63270
		63271	63272	63273	63275
		63276	63277	63278	63280
		63281	63282	63283	63285
	63286	63287	63290	63295	
	63300	63301	63302	63303	
	63304	63305	63306	63307	
	63308				
<b>Surgery</b>	Prior authorization required	32672			
<b>Surgery - Cardio, Hemic, &amp; Lymphatic</b>	Prior authorization required	33274	33275		
<b>Surgery - Digestive</b>	Prior authorization required	43647			
<b>Surgery - Eye and Ear</b>	Prior authorization required	69300			
<b>Surgery - Integumentary</b>	Prior authorization required	10121	15819	15824	15825
		15826	15828	15829	15830
		15832	15833	15834	15836
		15837	15839		
<b>Surgery - Musculoskeletal</b>	Prior authorization required	21270	22526	22867	22869

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Surgery - Nervous System</b>	Prior authorization required	62263	62287		
<b>Transplant</b> Organ or tissue transplant or transplant related services before pre-treatment or evaluation	Prior authorization required for transplant or transplant-related services before pre-treatment or evaluation	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel) Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.			
		32851	32852	32853	32854
		32855	33933	33935	33945
		38206	38207	38208	38209
		38210	38212	38213	38214
		38215	38230	38232	38240
		38241	38242	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47144	47145	47146
		48554	50325	50340	50360
		50365	50370	50380	S2053
		S2054	S2060	S2065	S2140
		S2142	S2150		
		<b>CAR-T</b>			
		Q2041	Q2042	Q2053	J3490*
		J3590*	J9999*		
		*For unclassified codes J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®			
<b>Transplant - Corneal Transplant</b>	Prior authorization required	65710			
<b>Vein Procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins in the treatment of venous disease and varicose veins of the extremities	Prior authorization required	36465	36466	36470	36471
		36473	36474	36475	36478
		36479	36482	36483	37243
		37700	37718	37722	37735
		37760	37761	37765	37766
		37780	37785		
<b>Ventricular Assist Devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at <b>855-282-8929</b>			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			