

Prior authorization requirements for UnitedHealthcare Community Plan of Maryland

Effective July 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Maryland health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **888-702-2202**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Abortion (pregnancy termination)	Prior authorization required — carved out by the state	Please call the number on the back of the member's health plan ID card.			
Acupuncture	Prior authorization required	97811	97814	S8930	
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic	Prior authorization required	20975	20979		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600
Cancer supportive care	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. * Codes J1442, J1447, J1448, J2506, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122 and Q5125 will also require prior authorization for non-oncology diagnosis (Dx). See injectable medications section.	Q5136	Q5157	Q5158	Q5159
		<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Q5148 Bio similar (Zarxio®) Q5101* Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym®) Q5110* Filgrastim-ayow (Releuko®) Q5125* Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122* Pegfilgrastim (Neulasta®) J2506 Pegfilgrastim-bmez (Ziextenzo®) Q5120* Pegfilgrastim-cbqv (Udenyca®) Q5111* Pegfilgrastim-jmdb (Fulphila®) Q5108* Eflapegrastim-xnst (Rolvedon™) J1449 Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448* <u>Bone-modifying agents that require prior authorization:</u> Denosumab (Xgeva®) J0897			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cancer supportive care (cont.)		<u>Antiemetic codes that require prior authorization:</u> J0185 J1453 J1454 J1627 J1434 J2468 J1456 Erythropoiesis-stimulating agents J0885 Therapeutic Radiopharmaceuticals A9615 For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call 888-397-8129 .			
Cardiology	Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, electrophysiology implants and stress echoes prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. To get started, 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, you can call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit PriorAuthorizationandNotificationResources>CardiologyPriorAuthorizationandNotificationProgram">UHCprovider.com/MDcommunityplan>Prior Authorization and Notification Resources>Cardiology Prior Authorization and Notification Program			
Cardiovascular	Prior authorization required	93580	0569T	0570T	*Prior authorization <u>not</u> 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.662 M86.679 M86.8X5 M86.8X9 L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	M86.669 M86.68 M86.8X6 M86.9 Q27.30 Q27.9 T82.312A T82.392A I73.00	M86.671 M86.69 M86.8X7 I96 Q27.32 Q87.2 T82.318A T82.398A I73.01	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	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. To get started, go to UHCprovider.com and click Sign In at the top-right corner. Or, you can call 888-397-8129.			
Cochlear and other auditory implants A medical device within the inner ear and with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8614 L8690 L8694	69711 L8619 L8691	69714 L8627 L8692	69930 L8628 L8693
Continuous glucose monitor	Prior authorization required with type 2 diabetes diagnosis	A4226 A9278	A4239 E0787	A9276 E2102	A9277 E2103
Cosmetic and reconstructive Cosmetic procedures that change or improve physical	Prior authorization required	11960 15823 17107 21138 21179	15820 15830 17108 21139 21180	15821 15847 17999 21172 21181	15822 17106 21137 21175 21182

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
appearance without significantly improving or restoring physiological function		21183	21184	21230	21235
		21256	21275	21280	21282
		21295	21740	21742	21743
		28344	30620	67900	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67914	67915	67916	67917
		67921	67922	67923	67924
		67950	67961	67966	Q2026
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0460	E0465	E0466
		E0470	E0471	E0483	E0486
		E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
Prosthetics are not DME — see orthotics and prosthetics.		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
		E2298	E2301	E2310	E2311
		E2322	E2325	E2327	E2329
		E2331	E2351	E2373	E2510
		E2511	E2512	E2599	E2626
		E2627	E2628	E2629	E2630
		E8000	K0005	K0008	K0013
		K0108	K0812	K0830	K0831
		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	S1040	T1999
		T5999	V2786	V5269	V5270

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		V5271 V5282 V5288	V5272 V5283 V5290	V5274 V5286	V5281 V5287
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9002	B4035 B4103 B4152 B4159 B9998	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161
Experimental and Investigational (and/or linked services)	Prior authorization required	33477 65767 E0231 S1031 S9991	36514 66180 E1831 S2102	64722 A4638 S0810 S9988	65765 A6000 S1030 S9990
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
Gender dysphoria	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 11442 11446 11920 11921 11922 11950 11951 11952 11954 11970 11980 11981 11982 11983 13151 13152 13153 13160 14000 14001 14020 14021 14041 14061 14301 14302 15101 15121 15200 15201 15241 15273 15274 15570 15574 15600 15620 15734 15738 15750 15757 15758 15769 15771 15772 15773 15774 15775 15776 15777 15780 15781 15782 15786 15787 15788 15789 15792 15793 15828 15824 15825 15826 15834 15829 15832 15833 15838	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		15835	15836	15837	15877
		15839	15860	15876	17111
		15878	15879	17110	21899
		17380	19303	19355	31599
		21087	21120	21270	40510
		27656	31081	31580	40650
		31750	31899	40500	43496
		40520	40525	40527	45400
		40652	40654	40799	53425
		44204	44700	45395	54400
		53210	53410	53420	54408
		53430	54120	54125	54520
		54401	54405	54406	55150
		54410	54411	54416	56620
		54522	54660	54690	56640
		55175	55180	55899	56810
		56625	56630	56633	57110
		56700	56800	56805	57291
		57106	57107	57109	57335
		57111	57200	57282	58275
		57292	57295	57296	58661
		57425	57426	58210	64856
		58280	58285	58294	69300
		58720	58940	58999	82670
		64892	64896	64912	82679
		80414	80415	82642	83003
		82671	82672	82677	84233
		82681	83001	83002	84410
		83498	84143	84144	84234
		84402	84403	92524	
Prior authorization <u>not</u> required when billed with the following diagnosis codes:					
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		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	
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81120	81162	81163	81164
		81194	81228	81229	81276
		81401	81408	81412	81415
		81416	81417	81422	81425
		81426	81427	81441	81443
	Care providers requesting laboratory testing will be required to complete the prior	81445	81449	81451	81455
		81479	81518	81519	81520
		81521	81522	81523	81525
		81541	81542	81546	81595
		87505	87506	87507	0005U
		0016M	0019U	0022U	0023U

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing (cont.)	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.	0037U	0047U	0101U	0102U
		0103U	0111U	0136U	0154U
		0155U	0175U	0177U	0179U
		0211U	0233U	0237U	0238U
		0239U	0242U	0244U	0253U
		0262U	0264U	0266U	0282U
		0326U	0334U	0340U	0378U
		0391U	0409U		
		Biomarkers			
		81538	88299		
Hearing aid services	Prior authorization required	V5171	V5172	V5181	V5211
		V5212	V5213	V5214	V5215
		V5221	V5230	V5250	V5254
		V5255	V5256	V5257	V5258
		V5259	V5260	V5261	V5267
		V5299			
Home health care	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	
Hospice	Prior authorization required	T2045			
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hysterectomy (cont.)		58290	58291	58292	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Infertility	Prior authorization required	55870	58825	58970	76948
		89254	89257	89259	89264
		89337	89398	J0725	J3355
		S0122	S0126	S0128	S4028
		S4042			
Injectable medications	Prior authorization required	Acthar Gel			
		J0801			
		Actemra®			
		J3262			
		Adakveo®			
		J0791			
		Adzynma™			
		J7171			
		Aldurazyme®			
		J1931			
		Alhemo			
		J7173			
		Amondys- 45			
		J1426			
		Amvuttra™			
		J0225			
		Aralast® NP, Prolastin®-C, Zemaira®			
		J0256			
		Avsola™			
		Q5121			
		Avtozma			
		Q5156			
		Azedra~INJ			
		A9590			
		Azmiro			
		J1072			
		Benlysta			
		J0490			
		Beovu®			
		J0179			
		Berinert®			
		J0597			
		Bildyos			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Q5162
		Bkerv
		Q5152
		Botulinum toxins
		J0585 J0586 J0587 J0588
		Brineura®
		J0567
		Briumvi™
		J2329
		Byooviz™
		Q5124
		Cerezyme™
		J1786
		Cimerli™
		Q5128
		Cimzia®*
		J0717
		Cinqair®
		J2786
		Cinryze
		J0598
		Conexence
		Q5158
		Cortrophin Gel
		J0802
		Cosentyx® IV
		J3247
		Crysvita®
		J0584
		Cutaquig®
		J1551
		Daxxify
		J0589
		Elaprase®
		J1743
		Elelyso
		J3060
		Elevidys
		J1413
		Elfabrio
		J2508
		Encelto

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J3403
		Enjaymo™
		J1302
		Entyvio®
		J3380
		Epysqli
		Q5151
		Evenity®
		J3111
		Evkeeza®
		J1305
		Exondys 51®
		J1428
		Eylea™
		J0178
		Eylea HD
		J0177
		Fabrazyme®
		J0180
		Fasenra™
		J0517
		Fensolvi®
		J1951
		Feraheme®
		Q0138
		Firmagon®
		J9155
		Fulphila~INJ
		Q5108
		Fynetra™
		Q5130
		Gamifant®
		J9210
		Gazyva
		J9301
		Givlaari®
		J0223
		Glassia®
		J0257
		Hemgenix
		J1411
		Hemlibra

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J7170			
		Hympavzi			
		J7172			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Imaavy			
		J9256			
		Imuldosa IV			
		Q5098			
		Inflectra			
		Q5103			
		Itvisma			
		J3405			
		IV Iron~INJ			
		J1439	Q0138		
		Intravenous immunoglobulin (IVIG)			
		90283	90284	J1459	J1552
		J1553	J1554	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		Izervay™			
		J2782			
		Jubbonti-Wyost			
		Q5136			
		Kalbitor®			
		J1290			
		Kanuma®			
		J2840			
		Kisunla			
		J0175			
		Krystexxa®			
		J2507			
		Lamzede			
		J0217			
		Lanreotide			
		J1932			
		Lemtrada®			
		J0202			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Leqembi™
		J0174
		Leqvio®
		J1306
		Lucentis®
		J2778
		Lumizyme®
		J0221
		Lupron Depot®
		J1950
		Lupron Depot®, Eligard®
		J9217
		Lutathera
		A9513
		Lutrate Depot
		J1954
		Luxturna™
		J3398
		Mepsevii®
		J3397
		Monoferic®
		J1437
		Naglazyme®
		J1458
		Neupogen
		J1442
		Nexviazyme®
		J0219
		Niktimvo
		J9038
		Nivestym
		Q5110
		Nplate®
		J2802
		Nucala®
		J2182
		Nulibry
		J1809
		Nypozi
		Q5148
		Ocrevus®
		J2350

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Ocrevus Zunovo
		J2351
		Octagam
		J1568
		Octreotide acetate
		J2354
		OmvoH
		J2267
		Onpattro®
		J0222
		Orencia®
		J0129
		Otufi IV
		Q9999
		Oxlumo®
		J0224
		Panzyga®
		J1576
		Papzimeos
		J3404
		Parsabiv™
		J0606
		Pavblu
		Q5147
		PiaSky
		J1307
		Pombiliti
		J1203
		Prolastin C
		J0256
		Prolia®
		J0897
		Pyzchiva IV
		Q9997
		Qalsody
		J1304
		Qfitlia
		J7174
		Radicava®
		J1301
		Radiopharm
		A9699

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Reblozyl®
		J0896
		Releuko®
		Q5125
		Remicade®
		J1745
		Renflexis®
		Q5104
		Revcovi
		J3590
		Riabni™
		Q5123
		Rituxan®
		J9312
		Rituxan Hycela®
		J9311
		Roctavian
		J1412
		Rolvedon™
		J1449
		Ruconest®
		J0596
		Ruxience®
		Q5119
		Ryplazim®
		J2998
		Rystiggo
		J9333
		Sandostatin® LAR
		J2353
		Saphnelo®
		J0491
		Selarsdi
		Q9998
		Signifor LAR
		J2502
		Simponi Aria®
		J1602
		Skyrizi®
		J2327
		Sodium hyaluronate
		J7331 J7332

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Soliris®
		J1299
		Somatuline® Depot
		J1930
		Spevigo®
		J1747
		Spinraza®
		J2326
		Spravato
		J0013
		Starjemza
		Q5164
		Stelara®
		J3358
		Stequeyma IV
		Q5099
		Stimufend®
		Q5127
		Stoboclo
		Q5157
		Supprelin® LA
		J9226
		Susvimo™
		J2779
		Syfovre™
		J2781
		Synagis®
		90378
		Tepezza®
		J3241
		Tezspire™
		J2356
		Therapeutic radiopharmaceuticals
		A9513 A9590 A9606 A9607
		A9699
		Tofidence
		Q5133
		Trelstar®
		J3315
		Tremfya IV
		J1628
		Triptodur®
		J3316

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Truxima®			
		Q5115			
		Tyenne			
		Q5135			
		Tzield™			
		J9381			
		Udenyca			
		Q5111			
		Ultomiris®			
		J1303			
		Unclassified codes***			
		C9172	C9399	J3490	J3590
		Uplinza®			
		J1823			
		Vabysmo®			
		J2777			
		Vantas®			
		J9225			
		Veopoz			
		J9376			
		Viltepso®			
		J1427			
		Vimizim®			
		J1322			
		Visco 3			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		Vyepti®			
		J3032			
		Vyjuvek™			
		J3401			
		Vyondys 53®			
		J1429			
		Vyvgart			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Waskyra™			
		J3386			
		Wezlana IV			
		Q5138			
		White blood cell colony-stimulating factors			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)

J1442 J1447 J1448 J2506
 Q5101 Q5108 Q5110 Q5111
 Q5120 Q5122
Xembify®
 J1558
Xenpozyme®
 J0218
Xolair®
 J2357
Yesintek IV
 Q5100
Zarxio
 Q5101
Zemaira
 J0256
Ziextenzo
 Q5120
Zoladex®
 J9202
Zolgensma®
 J3399

* For prior authorization, please submit requests online using the UnitedHealthcare Provider Portal. Or, you can call 888-397-8129.

*** For unclassified codes C9172, C9399, J3490 and J3590- Prior authorization required for Bequez™ Elfabrio® and Lamzede® 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.

Inpatient stays	Prior authorization required for all inpatient stays				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	24360	24361	24362	24363
		27120	27125	27130	27132
		27134	27137	27138	27412
		27446	27447	27486	27487
		29866	29867	29868	J7330
		S2112			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Musculoskeletal	Prior authorization required	Shoulder surgery			
		23470	23472	23473	23474
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431		
Orthognathic surgery	Prior authorization required	21121	21122	21123	21125
Treatment of maxillofacial/jaw functional impairment		21127	21141	21142	21143
		21145	21146	21147	21150
		21151	21154	21155	21159
		21160	21188	21193	21194
		21195	21196	21198	21199
		21206	21208	21209	21210
		21215	21240	21242	21244
		21245	21246	21247	21248
		21249	21255	21296	21299
Orthotics and prosthetics	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	L1834
		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	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	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	L6055
		L6100	L6110	L6050	L6130
		L6200	L6205	L6120	L6300
		L6310	L6320	L6250	L6360
		L6370	L6380	L6350	L6384
		L6400	L6450	L6382	L6550
		L6570	L6580	L6500	L6584
		L6586	L6588	L6582	L6621
		L6623	L6624	L6590	L6648
		L6686	L6687	L6646	L6690
		L6692	L6693	L6689	L6695
		L6696	L6697	L6694	L6707
		L6708	L6709	L6704	L6712
		L6713	L6714	L6711	L6880
		L6881	L6882	L6715	L6884
		L6885	L6895	L6883	L6905
		L6910	L6915	L6900	L6925
		L6930	L6935	L6920	L6945
		L6950	L6955	L6940	L6965
		L6970	L6975	L6960	L7008
		L7009	L7040	L7007	L7170
		L7180	L7181	L7045	L7186
		L7190	L7191	L7185	L8040
		L8042	L8043	L7405	L8045

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L8046 L8610 L8631	L8047 L8612	L8044 L8499	L8609 L8659
Outpatient therapy	Prior authorization required for members ages 21 and older	92507 92633 97016 97026 97034 97110 97124 97140 97153 97157 97535 97755	92508 97010 97018 97028 97035 97112 97129 97150 97154 97158 97537 97799	92526 97012 97022 97032 97036 97113 97130 97151 97155 97530 97545	92630 97014 97024 97033 97039 97116 97139 97152 97156 97533 97750
Pain injections and management	Prior authorization required	64490	64493		
Private duty nursing	Prior authorization required	T1002	T1003		
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization required for dates of service on or after April 1, 2022	37243 53852	52441 55873	52442	53850
Psychological testing	Prior authorization required	89240 Prior authorization required when billed with the following Dx			
		F10.10	F10.11	F10.12 0	F10.12 1
		F10.12 9	F10.90	F10.91	F10.13 0
		F10.13 1	F10.13 2	F10.13 9	F10.14
		F10.15 0	F10.15 1	F10.15 9	F10.18 0
		F10.18 1	F10.18 2	F10.18 8	F10.19
		F10.20	F10.21	F10.22 0	F10.22 1
		F10.22 9	F10.23 0	F10.23 1	F10.23 2
		F10.23 9	F10.24	F10.25 0	F10.25 1

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Psychological testing (cont.)		F10.25 9	F10.28 0	F10.28 1	F10.28 2
		F10.28 8	F10.29	F10.92 0	F10.92 1
		F10.92 9	F10.93 0	F10.93 1	F10.93 2
		F10.93 9	F10.94	F10.95 0	F10.95 1
		F10.95 9	F10.98 0	F10.98 1	F10.98 2
		F10.98 8	F10.99	F11.10	F11.11
		F11.12 0	F11.12 1	F11.12 2	F11.12 9
		F11.13	F11.14	F11.15 0	F11.15 1
		F11.15 9	F11.18 1	F11.18 2	F11.18 8
		F11.19	F11.20	F11.21	F11.22 0
		F11.22 1	F11.22 2	F11.22 9	F11.23
		F11.24	F11.25 0	F11.25 1	F11.25 9
		F11.28 1	F11.28 2	F11.28 8	F11.29
		F11.90	F11.91	F11.92 0	F11.92 1
		F11.92 2	F11.92 9	F11.93	F11.94
		F11.95 0	F11.95 1	F11.95 9	F11.98 1
		F11.98 2	F11.98 8	F11.99	F12.10
		F12.11	F12.12 0	F12.12 1	F12.12 2
		F12.12 9	F12.13	F12.15 0	F12.15 1
		F12.15 9	F12.18 0	F12.18 8	F12.19
		F12.20	F12.21	F12.22 0	F12.22 1
		F12.22 2	F12.22 9	F12.23	F12.25 0
		F12.25 1	F12.25 9	F12.28 0	F12.28 8
		F12.29	F12.90	F12.91	F12.92 0

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Psychological testing (cont.)		F12.921	F12.922	F12.929	F12.93
		F12.950	F12.951	F12.959	F12.980
		F12.988	F12.99	F13.10	F13.11
		F13.120	F13.121	F13.129	F13.130
		F13.131	F13.132	F13.139	F13.14
		F13.150	F13.151	F13.159	F13.180
		F13.181	F13.182	F13.188	F13.19
		F13.20	F13.21	F13.220	F13.221
		F13.229	F13.230	F13.231	F13.232
		F13.239	F13.24	F13.250	F13.251
		F13.259	F13.280	F13.281	F13.282
		F13.288	F13.29	F13.90	F13.91
		F13.920	F13.921	F13.929	F13.930
		F13.931	F13.932	F13.939	F13.94
		F13.950	F13.951	F13.959	F13.980
		F13.981	F13.982	F13.988	F13.99
		F14.10	F14.120	F14.121	F14.122
		F14.129	F14.13	F14.14	F14.150
		F14.151	F14.159	F14.180	F14.181
		F14.182	F14.188	F14.19	F14.20
		F14.21	F14.220	F14.221	F14.222
		F14.229	F14.23	F14.24	F14.250
		F14.251	F14.259	F14.280	F14.281
		F14.282	F14.288	F14.29	F14.90

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Psychological testing (cont.)		F14.91	F14.92 0	F14.92 1	F14.92 2
		F14.92 9	F14.93	F14.94	F14.95 0
		F14.95 1	F14.95 9	F14.98 0	F14.98 1
		F14.98 2	F14.98 8	F14.99	F15.10
		F15.12 0	F15.12 1	F15.12 2	F15.12 9
		F15.13	F15.14	F15.15 0	F15.15 1
		F15.15 9	F15.18 0	F15.18 1	F15.18 2
		F15.18 8	F15.19	F15.20	F15.21
		F15.22 0	F15.22 1	F15.22 2	F15.22 9
		F15.23	F15.24	F15.25 0	F15.25 1
		F15.25 9	F15.28 0	F15.28 1	F15.28 2
		F15.28 8	F15.29	F15.90	F15.91
		F15.92 0	F15.92 1	F15.92 2	F15.92 9
		F15.93	F15.94	F15.95 0	F15.95 1
		F15.95 9	F15.98 0	F15.98 1	F15.98 2
		F15.98 8	F15.99	F16.10	F16.12 0
		F16.12 1	F16.12 2	F16.12 9	F16.14
		F16.15 0	F16.15 1	F16.15 9	F16.18 0
		F16.18 3	F16.18 8	F16.19	F16.20
		F16.21	F16.22 0	F16.22 1	F16.22 9
		F16.24	F16.25 0	F16.25 1	F16.25 9
		F16.28 0	F16.28 3	F16.28 8	F16.29
		F16.90	F16.91	F16.92 0	F16.92 1
		F16.92 9	F16.94	F16.95 0	F16.95 1

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Psychological testing (cont.)		F16.95	F16.98	F16.98	F16.98
		9	0	3	8
		F16.99	F17.20	F17.20	F17.20
			0	1	3
		F17.20	F17.20	F17.21	F17.21
		8	9	0	1
		F17.21	F17.21	F17.21	F17.22
		3	8	9	0
		F17.22	F17.22	F17.22	F17.22
		1	3	8	9
		F17.29	F17.29	F17.29	F17.29
		0	1	3	8
		F17.29	F18.10	F18.12	F18.12
		9		0	1
		F18.12	F18.14	F18.15	F18.15
		9		0	1
		F18.15	F18.17	F18.18	F18.18
		9		0	8
		F18.19	F18.20	F18.21	F18.22
					0
		F18.22	F18.22		F18.25
		1	9	F18.24	0
		F18.25	F18.25		F18.28
		1	9	F18.27	0
		F18.28			
		8	F18.29	F18.90	F18.91
		F18.92	F18.92	F18.92	
		0	1	9	F18.94
		F18.95	F18.95	F18.95	F18.98
		0	1	9	0
		F18.98	F18.99	F19.10	F19.12
		8			0
		F19.12	F19.12	F19.12	F19.13
		1	2	9	0
		F19.13	F19.13	F19.13	
		1	2	9	F19.14
		F19.15	F19.15	F19.15	F19.18
		0	1	9	0
		F19.18	F19.18	F19.18	
		1	2	8	F19.19
		F19.20	F19.21	F19.22	F19.22
				0	1
		F19.22	F19.22	F19.23	F19.23
		2	9	0	1
		F19.23	F19.23	F19.24	F19.25
		2	9		0
		F19.25	F19.25	F19.28	F19.28
		1	9	0	1

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Psychological testing (cont.)		F19.28 2	F19.28 8	F19.29	F19.90	
		F19.91	F19.92 0	F19.92 1	F19.92 2	
		F19.92 9	F19.93 0	F19.93 1	F19.93 2	
		F19.93 9	F19.94	F19.95 0	F19.95 1	
		F19.95 9	F19.98 0	F19.98 1	F19.98 2	
		F19.98 8	F19.99	O99.31 0	O99.31 1	
		O99.31 2	O99.31 3	O99.31 4	O99.31 5	
		O99.32 0	O99.32 1	O99.32 2	O99.32 3	
		O99.32 4	O99.32 5	R78.0	R78.1	
		R78.2	R78.3	R78.4	R78.5	
	Radiation therapy	Prior authorization required	Image-guided radiation therapy (IGRT) 77387			
			Proton beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525			
			Special/associated services 77331 77370 77399 77470			
Stereotactic radio surgery/stereotactic body radiation therapy (SRS/SBRT) 77371 77372 77373						
Radiation Treatment Delivery 77402* 77407 77412						
*Prior Auth only required to manage fractionation when requested for the following diagnosis codes:						
Applicable ICD10 codes for cancer types in scope for Hypofractionation:						
Bone Mets - ICD10: C79.51, C79.52						
Breast - ICD10: C50.11, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622,						

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Radiation therapy (cont.)		C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, C84.7A Prostate - ICD10: C61 Applicable ICD10 codes for cancer types in scope for Conventional Fractionation: Lung Cancer - ICD10: C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92 Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445 To submit an online request for prior authorization, sign in to the UHCprovider.com to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology and Radiation Therapy” box. After selecting “Commercial” as the product type, you will be directed to another website to process the authorization requests			
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear cardiology procedures	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 the UnitedHealthcare Provider Portal. To access the tool, go to UHCprovider.com and click Sign In at the top-right corner. Or, you can call 866-889-8054. For more details and the CPT codes that require prior authorization, please visit PriorAuthorizationandNotificationResources>RadiologyPriorAuthorizationandNotificationProgram">UHCprovider.com/MDcommunityplan>Prior Authorization and Notification Resources>Radiology Prior Authorization and Notification Program			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Shoulder surgery	Prior authorization required	Musculoskeletal system*			
		29806	29807	29819	29820
		29822	29823	29824	29825
		29826	29827	29828	
		*Site of service also applies.			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) — outpatient hospital	Prior authorization only required when requesting service in an outpatient hospital setting Prior authorization <u>not</u> required if performed at a participating ambulatory surgery center (ASC)	Auditory system 69205 Cardiovascular system 36590 36832 Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 66987 66988 Colonoscopy 45378 45380 45384 45385 Cosmetic and reconstructive 13101 13132 14040 14060 14301 21552 21931 Digestive system 42415 42440 43200 43236 43237 43238 43242 43245 43246 43247 43248 43251 43254 43255 43259 44360 44361 45171 45334 45335 45381 45390 45990 46020 46040 46050 46200 46220 46221 46250 46255 46261 46270 46275 46288 46505 46750 46910 46946 Ear, nose and throat (ENT) procedures 21320 30140 30520 69436 69631 Eye and ocular adnexa 65710 65820 66250 66710 66711 66825 66986 67010 67041 67042 67105 67108 67113 67840 68110 68115 68320 68720 68815 Gynecologic procedures			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		57240	57250	57461	57520
		57522	58353	58558	58561
		58562	58563	58565	
		Hemic and lymphatic systems			
		38500	38510	38525	
		Hernia repair			
		49505	49650	49651	
		Integumentary system			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver biopsy			
		47000			
		Male genital system			
		54840			
		Miscellaneous			
		20680			
		Musculoskeletal system			
		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	29846
		29835	29845	29876	29848
		29861	29875	29881	29877
		29879	29880	G0260	29882
		29888	29893	G0260	
		Nervous system			
		64561	64640		
		Ophthalmologic			
		65426	65730	65855	67040
		66761	67028	67036	67228
		67311	67312		
		Respiratory system			
		30802	30930	31525	
		31536	31541	31624	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	
		42830			
		Upper and lower gastrointestinal endoscopy			
		43235	43239	43249	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		Urologic procedures			
		50590	52000	52005	52260
		52224	52234	52235	52310
		52276	52281	52287	52351
		52320	52332	52344	54161
		52352	52353	52356	
		55040	55700	57288	
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Sleep studies	Prior authorization required	95805 95811	95807	95808	95810
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	0098T
		*SOS applies			
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	L8682	L8685	L8686
Transplants	Prior authorization required	For transplant and CAR T-cell therapy services, including Kymriah (tisagenlecleucel) and Yescarta® (axicabtagene ciloleucel), call the Optum Transplant Case Management team at 888-936-7246, or use the 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	S2060	S2061
		S2152	J3387	J3391	J3392
		J3393	J3394	J3402	J3490**
		J3590**	C9399**	Q2053	Q2054
		Q2055	Q2056	Q2057	
		CAR T-cell therapy			
		Q2041	Q2042		
		* Code 38232 will only require prior authorization for an oncology diagnosis.			
		** For unclassified codes, prior authorization is required for			
Vein procedures	Prior authorization	36473	36475	36478	37700

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	required	37718 37780	37722	37765	37766
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	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			