

Prior Authorization Requirements for Minnesota Metro Medicaid

Effective March 1, 2022

General information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Minnesota 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 the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://uhcprovider.com) and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** 877-440-9946

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric	Prior authorization required	43644	43645	43659	43770
	There is a Centers of Excellence requirement for coverage of bariatric surgery and services. In certain situations, bariatric surgery and other obesity-related services aren't covered by some benefit plans	43775	43842	43845	43846
		43847	43848	43860	
Behavioral health services	Prior authorization required. Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
Bone growth stimulator	Prior authorization required	20975	20979	E0760	
BRCA genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81167	81212	81215
		81216	81217	81432	81433
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cancer supportive care	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis</p> <p>*Codes J1442, J1447, J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122 will also require prior authorization for non-oncology DX. See Injectable medications section below.</p>	<p><u>Injectable colony-stimulating factor drugs that require Prior authorization:</u></p> <p>Bio similar (Zarxio®) Q5101*</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120*</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Tbo-filgrastim (Granix®) J1447*</p>			
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient, and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, and stress echocardiograms prior to performance</p>	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MNcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program</p>			
Cardiovascular	Prior authorization required	37220 37226 75710	37221 37227 75716	37224 37228 93580*	37225 37229
		*code effective 4/1/2022			
Cartilage implants	Prior authorization required	27415	27416		
Cerebral seizure monitoring – inpatient video electroencephalogram EEG	<p>Prior authorization required for inpatient services</p> <p>Prior authorization is not required for outpatient hospital or ambulatory surgical center</p>	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718
Chemotherapy	Prior authorization required for injectable chemotherapy	Injectable chemotherapy drugs that require prior authorization:			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Chemotherapy (continued)	drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129.</p>			
Chiropractic	Prior authorization required	98940* 97811* 72050* 72083* 72200* 72072* 72110*	98941* 97813* 72070* 72100* 72220* 72080* 72120*	98942* 97814* 72074* 72114* 72040* 72082* 72190*	97810* 72020* 72081* 72170* 72052* 72084* 72202*
		*deleted codes effective 4/1/2022			
Cochlear implants and other auditory implants	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
Cosmetic and reconstructive	Prior authorization required	11960 14041 15820 15830 15879 17999 21172 21181 21230 21280 21742 31299 67903 67909 67915 67922 67961	11971 14060 15821 15847 17106 21137 21175 21182 21235 21282 21743 67900 67904 67911 67916 67923 67966	14020 14061 15822 15877 17107 21138 21179 21183 21256 21295 28344 67901 67906 67912 67917 67924 Q2026	14021 14301 15823 15878 17108 21139 21180 21184 21275 21740 30620 67902 67908 67914 67921 67950

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Durable medical equipment (DME) Durable medical equipment (DME) (cont.)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194	
		E0265	E0266	E0270	E0277	
		E0300	E0328	E0329	E0445	
		E0457	E0460	E0465	E0466	
		E0470	E0471	E0483	E0486	
		Prosthetics are not DME – see Orthotics and prosthetics	E0620	E0636	E0637	E0652
			E0656	E0669	E0670	E0675
			E0693	E0694	E0700	E0710
			E0745	E0762	E0764	E0766
			E0784	E0984	E0986	E1002
			E1003	E1004	E1005	E1006
			E1007	E1008	E1009	E1010
			E1030	E1035	E1036	E1130
	E1161		E1229	E1231	E1232	
	E1233		E1234	E1235	E1236	
	E1237		E1238	E1239	E1825	
	E2100		E2227	E2228	E2230	
	E2300		E2301	E2310	E2311	
	E2312		E2322	E2325	E2327	
	E2329	E2331	E2351	E2373		
	E2510	E2511	E2512	E2599		
	E2609	E2617	E2626	E2627		
	E2628	E2629	E2630	E8000		
	E8001	E8002	K0005	K0008		
	K0013	K0108	K0812	K0830		
	K0831	K0848	K0849	K0850		
	K0851	K0852	K0853	K0854		
K0855	K0856	K0857	K0858			
K0859	K0860	K0861	K0862			
K0863	K0864	K0868	K0869			
K0870	K0871	K0877	K0878			
K0879	K0880	K0884	K0885			
K0886	K0890	K0891	S1040			
T1999	T5999	V2786	V5269			
V5270	V5271	V5272	V5274			
V5281	V5282	V5283	V5286			
V5287	V5288	V5290				
Enteral services	Prior authorization required	B9002	B9998			
Experimental and investigational and/or linked services	Prior authorization required	33477	36514	55866	64722	
		65765	65767	66180	0191T	
		A4638	A6000	A9274	E0231	
		E1831	S0810	S1030	S1031	
		S2102	S9988	S9990	S9991	
Femoroacetabular	Prior authorization required	29914	29915	29916		

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

impingement syndrome (FAI)

Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	

Gender dysphoria treatment	Prior authorization required	14000	14001	14040	14302
		15734	15738	15750	15757
		15758	19303	19304	20926
		53410	53430	54125	54520
		54660	54690	55175	55180
		55970	55980	56625	56800
		56805	57110	57335	58661
		58720	58940	64856	64892
	64896				

Genetic and molecular testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting. 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.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81168	81170
		81171	81172	81173	81174
		81175	81176	81177	81178
		81179	81180	81181	81182
		81183	81184	81185	81186
		81187	81188	81189	81190
		81191	81192	81193	81194
		81201	81203	81204	81208
		81218	81220	81222	81223
		81224	81226	81228	81229
		81230	81231	81232	81233
		81234	81236	81237	81238
		81239	81240	81241	81243
		81244	81245	81246	81247
		81248	81249	81252	81253
		81256	81257	81258	81259
		81261	81262	81263	81264
		81265	81266	81267	81268
		81269	81271	81272	81273
		81274	81276	81277	81278
		81279	81283	81284	81285
		81286	81287	81288	81289
		81292	81294	81295	81297
		81300	81305	81306	81307
		81309	81310	81312	81313
		81314	81315	81316	81317
81318	81319	81320	81321		
81322	81323	81324	81325		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing (cont.)		81326	81327	81328	81329
		81330	81331	81332	81333
		81334	81335	81336	81337
		81338	81339	81340	81341
		81342	81343	81344	81345
		81346	81347	81348	81350
		81351	81352	81353	81357
		81360	81361	81362	81363
		81364	81370	81371	81372
		81373	81375	81376	81377
		81378	81379	81380	81381
		81382	81383	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81410
		81411	81412	81415	81416
		81417	81419	81420	81430
		81431	81435	81436	81445
		81448	81460	81465	81470
		81471	81479	81507	81518
		81519	81520	81521	81522
		81546	81554	81599	87481
		87482	87505	87506	87507
		87510	87511	87512	87797
		87798	87799	87800	87801
		0250U*	0252U*	0253U*	0254U*
		0258U*	0260U*	0262U*	0264U*
		0265U*	0266U*	0267U*	0268U*
		0269U*	0270U*	0271U*	0272U*
		0273U*	0274U*	0276U*	0277U*
		0278U*	0282U*	0285U*	0286U*
		0287U*	0288U*	0289U*	0290U*
		0291U*	0292U*	0293U*	0294U*
	0296U*	0297U*	0298U*	0299U*	
	0300U*				
		*Codes effective 5/1			
Home health care	Prior authorization required	G0299	G0300	G0493	G0494
		G0495	G0496	S9474	
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58263	58267	58270	58275
		58290	58291	58292	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization required	Actemra®			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)	J3262				
	Acthar®				
	J0800				
	Adakveo®				
	J0791				
	Aduhelm®				
	J0172				
	Aldurazyme				
	J1931				
	Aralast NP, Prolastin-C, Zemaira				
	J0256				
	Asceniv				
	J1554				
	Avsola™				
	Q5121				
	Benlysta				
	J0490				
	Berinert				
	J0597				
	Botulinum Toxins				
	J0585	J0586	J0587	J0588	
	Brineura™				
	J0567				
	Cerezyme®				
	J1786				
	Cimzia®*				
	J0717				
	Cinqair®				
	J2786				
	Cinryze®				
	J0598				
	Crysvita®				
	J0584				
	Elaprase®				
	J1743				
	Elelyso®				
	J3060				
	Entyvio®				
	J3380				
	Erythropoiesis-Stimulating Agents****				
	J0885				
	Evenity				

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

Injectable medications (cont.)	J3111			
	Exondys-51			
	J1428			
	Fabrazyme®			
	J0180			
	Fasenra®			
	J0517			
	Fensolvi®			
	J1951			
	Feraheme®			
	Q0138			
	Firmagon®			
	J9155			
	Gamifant®			
	J9210			
	Givlaari®			
	J0223			
	Glassia®			
	J0257			
	Ilaris®			
J0638				
Ilumya®				
J3245				
Inflectra®				
Q5103				
Injectafer®				
J1439				
IVIG				
90283	90284	J1459	J1555	
J1556	J1557	J1559	J1561	
J1566	J1568	J1569	J1572	
J1575	J1599			
Kalbitor®				
J1290				
Kanuma®				
J2840				
Krystexxa®				
J2507				
Lemtrada®				
J0202				
Lumizyme®				
J0221				

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

Injectable medications (cont.)

Lupron Depot®				
J1950				
Lupron Depot, Eligard®				
J9217				
Luxturna™				
J3398				
Makena®/17P				
J1726	J1729		J2675	
Mepsevii®				
J3397				
Monoferic®				
J1437				
Naglazyme®				
J1458				
Nexviazyme®				
J0219*****				
Nplate®				
J2796				
Nucala®				
J2182				
Ocrevus™				
J2350				
Onpatro®				
J0222				
Orencia®				
J0129				
Oxlumo™				
J0224				
Parsabiv™				
J0606				
Probuphine				
J0570				
Radicava®				
J1301				
Radiopharmaceuticals***				
A9513	A9606		A9699	
Reblozyl®				
J0896				
Remicade®				
J1745				
Renflexis®				
Q5104				

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

Injectable medications (cont.)	Riabni™				
	Q5123				
	Rituxan®				
	J9312				
	Rituxan Hycela®				
	J9311				
	Ruconest®				
	J0596				
	Ruxience®				
	Q5119				
	Sandostatin®				
	J2354				
	Sandostatin® LAR				
	J2353				
	Saphnelo®				
	J0491*****				
	Scenesse®				
	J7352				
	Signifor® LAR				
	J2502				
	Simponi Aria®				
	J1602				
	Sodium Hyaluronate				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
	Soliris®				
	J1300				
Somatuline® Depot					
J1930					
Spinraza®					
J2326					
Spravato®					
S0013					
Stelara®					
J3358					
Sublocade®					
Q9991	Q9992				
Supprelin® LA					
J9226					
Synagis®*					
90378					

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

Injectable medications (cont.)	Tepezza®				
	J3241				
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Trogarzo®				
	J1746				
	Truxima®				
	Q5115				
	Ultomiris®				
	J1303				
	Unclassified Codes*				
	C9090*****	C9399	J3490	J3590	
	Uplizna™				
	J1823				
	Vantas™				
	J9225				
	Viltepso®				
	J1427				
	Vimizim®				
	J1322				
	Vyepti®				
	J3032				
	Vyondys 53®				
	J1429				
	White Blood Cell Colony Stimulating Factors****				
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
	Q5122				
Xolair®*					
J2357					
Zoladex®					
J9202					
Zolgensma®					
J3399					

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

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

Injectable medications (cont.)

> Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

*For Unclassified and temporary codes C9075, C9077, C9079, C9090, C9399, J3490 and J3590, prior authorization is only required for Amondys 45, Cabenuva, Cutaquig®, Evkeeza, Lupaneta Pack™, Nulibry, Revcovi, Ryplazim and Saphnelo.

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

*** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call **877-842-3210**.

****Codes J1442, J1447 J2506, Q5101, Q5108, Q5110, Q5111, Q5120 and Q5122, white blood cell colony, stimulating factors, will require prior authorization for both oncology and non-oncology DX.
For oncology DX please see Cancer Supportive Care section above.
For non-oncology DX submit online at UHCprovider.com>link>Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210

***** For code J0885 prior authorization is required for both oncology and non-oncology DX.
Prior authorization is not required for ESRD diagnosis
*****codes effective 4/1/22

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
21255	21296	21299			
Orthopedic surgeries	Prior authorization required	24365	25441	25442	25444
		25446	25449	27700	29834
		29837	29838	29840	29844
		29845	29846	29847	29891

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		29892	29894	29895	29897
		29898	29899		
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetics with a retail purchase or a cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
Orthotics and prosthetics (cont.)		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1830	L1831
		L1832	L1834	L1836	L1840
		L1844	L1845	L1846	L1847
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2128	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	L3265	L3649	L3671
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5653	L5661	L5673
		L5682	L5683	L5700	L5702
		L5703	L5705	L5706	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5782	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont.)		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
	L7180	L7181	L7185	L7186	
	L7190	L7191	L7405	L8040	
	L8042	L8043	L8044	L8045	
	L8046	L8047	L8499	L8609	
	L8610	L8612	L8631	L8659	
Pain management	Prior authorization required	62350 62362	62351	62360	62361
Prostate procedures	Prior authorization required	37243* 53852* *codes effective 4/1/2022	52441 55873*	52442 55874*	53850*
Proton beam therapy Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)	Prior authorization required	77520	77522	77523	77525
Radiology	Prior authorization required for participating physicians who request these advanced	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiology (cont.)	outpatient imaging procedures <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard, Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCprovider.com/MNCommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program			
Rhinoplasty	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery	Prior authorization required	20930	20931	20939	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		22510*	22511*	22512*	22513*
		22515*	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22854	22855	22856	22858
		22861	22864	22865	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
		63090	63101	63102	63170
		63172	63173	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
63308	0095T	0098T	0164T		
*codes effective 4/1/2022					
Stimulators	Prior authorization required	Bone Growth Stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8683	L8685	L8686
		L8687	L8688		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants	Prior authorization required	For transplant and CAR-T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	0537T
		0538T	0539T	0540T	S2060
		S2061	S2152		
		CAR T-Cell Therapy			
		C9076*	J3490*	Q2041	Q2042
		Q2053	Q2055		
		* For unclassified codes C9076 and J3490 prior authorization is only required for Breyanzi®.			
Vein procedures	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780	37799	
Ventricular assist devices (VAD)	Prior authorization required	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 .			
A mechanical pump that takes over the function of the damaged heart ventricle and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	0051T	0052T	0053T
		Q0507	Q0508	Q0509	
Wound vac	Prior authorization required	E2402			

CPT® is a registered trademark of the American Medical Association

