

# Prior Authorization Requirements for Minnesota Metro Medicaid

Effective July 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			
<b>Bariatric</b>	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	
<b>Behavioral health services</b>	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.			
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979	E0760	
<b>BRCA genetic testing</b>	Prior authorization required	81162	81163	81164	81165
		81166	81167	81212	81215
		81216	81217	81432	81433
<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
		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			
<b>Cancer supportive care</b>	<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 <a href="#">Injectable medications</a> section below.</p>	<p><b><u>Injectable colony-stimulating factor drugs that require Prior authorization:</u></b></p> <p><b>Bio similar (Zarxio®)</b> Q5101*</p> <p><b>Filgrastim (Neupogen®)</b> J1442*</p> <p><b>Filgrastim-aafi (Nivestym™)</b> Q5110*</p> <p><b>Pegfilgrastim-apgf, biosimilar (Nyvepria®)</b> Q5122*</p> <p><b>Pegfilgrastim (Neulasta®)</b> J2506*</p> <p><b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120*</p> <p><b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111*</p> <p><b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108*</p> <p><b>Tbo-filgrastim (Granix®)</b> J1447*</p>			
<b>Cardiology</b>	<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 <a href="http://UHCprovider.com">UHCprovider.com</a> and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <a href="http://UHCprovider.com/MNcommunityplan">UHCprovider.com/MNcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program</p>			
<b>Cardiovascular</b>	Prior authorization required	37220 37226 75710	37221 37227 75716	37224 37228 93580	37225 37229
<b>Cartilage implants</b>	Prior authorization required	27415	27416		
<b>Cerebral seizure monitoring – inpatient video electroencephalogram EEG</b>	<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
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy	J9071	J9273	J9359	<b>Injectable chemotherapy drugs that require prior</b>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
<b>Chemotherapy (continued)</b>	drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p><b>authorization:</b></p> <ul style="list-style-type: none"> <li>• Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)</li> <li>• Chemotherapy injectable drugs that have a Q code</li> <li>• 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</li> </ul> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call <b>888-397-8129</b>.</p>

**Chiropractic** Prior authorization required

<b>Cochlear implants and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
<b>Cognitive Rehabilitation</b>	Prior authorization required	H2012			
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	11971	14020	14021
		14041	14060	14061	14301
		15820	15821	15822	15823
		15830	15847	15877	15878
		15879	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
		31299	67900	67901	67902
		67903	67904	67906	67908
		67909	67911	67912	67914
		67915	67916	67917	67921

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive (cont.)</b>		67922	67923	67924	67950
		67961	67966	Q2026	
<b>Durable medical equipment (DME)</b>	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	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
		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			
<b>Enteral services</b>	Prior authorization required	B9002	B9998		
<b>Experimental and investigational and/or linked services</b>	Prior authorization required	33477	36514	55866	64722
		65765	65767	66180	0191T
		A4638	A6000	A9274	E0231
		E1831	S0810	S1030	S1031

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
		S2102	S9988	S9990	S9991
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Gender dysphoria treatment</b>	Prior authorization required	14000 15734 15758 53410 54660 55970 56805 58720 64896	14001 15738 19303 53430 54690 55980 57110 58940	14040 15750 19304 54125 55175 56625 57335 64856	14302 15757 20926 54520 55180 56800 58661 64892
<b>Genetic and molecular testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105 81109 81121 81171 81175 81179 81183 81187 81191 81201 81218 81224 81230 81234 81239 81244	81106 81110 81161 81172 81176 81180 81184 81188 81192 81203 81220 81226 81231 81236 81240 81245	81107 81111 81168 81173 81177 81181 81185 81189 81193 81204 81222 81228 81232 81237 81241 81246	81108 81120 81170 81174 81178 81182 81186 81190 81194 81208 81223 81229 81233 81238 81243 81247
	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.	81248 81256 81261 81265	81249 81257 81262 81266	81252 81258 81263 81267	81253 81259 81264 81268
	The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81269 81274 81279 81286 81292 81300 81309 81314	81271 81276 81283 81287 81294 81305 81310 81315	81272 81277 81284 81288 81295 81306 81312 81316	81273 81278 81285 81289 81297 81307 81313 81317

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Genetic and molecular testing (cont.)</b>		81318	81319	81320	81321	
		81322	81323	81324	81325	
		81326	81327	81328	81329	
		81330	81331	81332	81333	
		81334	81335	81336	81337	
		81338	81339	81340	81341	
		81342	81343	81344	81345	
		81346	81347	81348	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				
	<b>Home health care</b>	Prior authorization required	G0299	G0300	G0493	G0494
			G0495	G0496	S9474	
	<b>Hysterectomy</b>	Prior authorization required	58150	58152	58180	58260
			58263	58267	58270	58275
58290			58291	58292	58541	
58542			58543	58544	58550	
58552			58553	58554	58570	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
		58571	58572	58573

<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Adakveo®</b>			
		J0791			
		<b>Aduhelm®</b>			
		J0172			
		<b>Aldurazyme</b>			
		J1931			
		<b>Apretude™</b>			
		J0739			
		<b>Aralast NP, Prolastin-C, Zemaira</b>			
		J0256			
		<b>Asceniv</b>			
		J1554			
		<b>Avsola™</b>			
		Q5121			
		<b>Benlysta</b>			
		J0490			
		<b>Berinert</b>			
		J0597			
		<b>Botulinum Toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura™</b>			
		J0567			
		<b>Cerezyme®</b>			
		J1786			
		<b>Cimzia®*</b>			
		J0717			
<b>Cinqair®</b>					
J2786					
<b>Cinryze®</b>					
J0598					
<b>Crysvita®</b>					
J0584					
<b>Elaprase®</b>					
J1743					
<b>Elelyso®</b>					
J3060					
<b>Entyvio®</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (cont.)	J3380			
	<b>Erythropoiesis-Stimulating Agents</b>			
	J0885*****			
	<b>Evenity</b>			
	J3111			
	<b>Exondys-51</b>			
	J1428			
	<b>Fabrazyme®</b>			
	J0180			
	<b>Fasenra®</b>			
	J0517			
	<b>Fensolvi®</b>			
	J1951			
	<b>Feraheme®</b>			
	Q0138			
	<b>Firmagon®</b>			
	J9155			
	<b>Gamifant®</b>			
	J9210			
	<b>Givlaari®</b>			
	J0223			
	<b>Glassia®</b>			
	J0257			
	<b>Ilaris®</b>			
	J0638			
	<b>Ilumya®</b>			
	J3245			
	<b>Inflectra®</b>			
	Q5103			
	<b>Injectafer®</b>			
	J1439			
	<b>IVIG</b>			
	90283	90284	J1459	J1555
	J1556	J1557	J1559	J1561
	J1566	J1568	J1569	J1572
	J1575	J1599		
	<b>Kalbitor®</b>			
	J1290			
<b>Kanuma®</b>				
J2840				
<b>Krystexxa®</b>				
J2507				



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
<b>Injectable medications (cont.)</b>	<b>Lemtrada®</b>		
	J0202		
	<b>Leqvio®</b>		
	J1306		
	<b>Lumizyme®</b>		
	J0221		
	<b>Lupron Depot®</b>		
	J1950		
	<b>Lupron Depot, Eligard®</b>		
	J9217		
	<b>Luxturna™</b>		
	J3398		
	<b>Makena®/17P</b>		
	J1726	J1729	J2675
	<b>Mepsevii®</b>		
	J3397		
	<b>Monoferric®</b>		
	J1437		
	<b>Naglazyme®</b>		
	J1458		
	<b>Nexviazyme®</b>		
	J0219		
	<b>Nplate®</b>		
	J2796		
	<b>Nucala®</b>		
	J2182		
	<b>Ocrevus™</b>		
	J2350		
<b>Onpatro®</b>			
J0222			
<b>Orencia®</b>			
J0129			
<b>Oxlumo™</b>			
J0224			
<b>Parsabiv™</b>			
J0606			
<b>Probuphine</b>			
J0570			
<b>Radicava®</b>			
J1301			
<b>Radiopharmaceuticals***</b>			
A9513	A9606	A9699	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)	<b>Reblozyl®</b>				
	J0896				
	<b>Remicade®</b>				
	J1745				
	<b>Renflexis®</b>				
	Q5104				
	<b>Riabni™</b>				
	Q5123				
	<b>Rituxan®</b>				
	J9312				
	<b>Rituxan Hycela®</b>				
	J9311				
	<b>Ruconest®</b>				
	J0596				
	<b>Ruxience®</b>				
	Q5119				
	<b>Ryplazim™</b>				
	J2998				
	<b>Sandostatin®</b>				
	J2354				
	<b>Sandostatin® LAR</b>				
	J2353				
	<b>Saphnelo®</b>				
	J0491				
	<b>Scenesse®</b>				
	J7352				
	<b>Signifor® LAR</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
<b>Sodium Hyaluronate</b>					
J7320	J7321	J7322	J7324		
J7325	J7326	J7327	J7329		
J7331	J7332				
<b>Soliris®</b>					
J1300					
<b>Somatuline® Depot</b>					
J1930					
<b>Spinraza®</b>					
J2326					
<b>Spravato®</b>					
S0013					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (cont.)	<b>Stelara®</b>				
	J3358				
	<b>Sublocade®</b>				
	Q9991	Q9992			
	<b>Supprelin® LA</b>				
	J9226				
	<b>Synagis®*</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Trelstar®</b>				
	J3315				
	<b>Triptodur®</b>				
	J3316				
	<b>Trogarzo®</b>				
	J1746				
	<b>Truxima®</b>				
	Q5115				
	<b>Ultomiris®</b>				
	J1303				
	<b>Unclassified Codes*</b>				
	C9090	C9399	J3490	J3590	
	<b>Uplizna™</b>				
	J1823				
	<b>Vantas™</b>				
	J9225				
	<b>Viltepso®</b>				
	J1427				
	<b>Vimizim®</b>				
	J1322				
	<b>Vyepti®</b>				
	J3032				
<b>Vyondys 53®</b>					
J1429					
<b>Vyvgart™</b>					
J9332					
<b>White Blood Cell Colony Stimulating Factors****</b>					
J1442	J1447	J2506	Q5101		
Q5108	Q5110	Q5111	Q5120		
Q5122					
<b>Xolair®*</b>					
J2357					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (cont.)	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](http://UHCprovider.com) > Menu > Policies and Protocols > 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, Saphnelo and Vabysmo

\*\* 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](http://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](http://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

<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2122	
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
		S9960	S9961		
<b>Orthognathic surgery</b> 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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic surgery (cont.)</b>		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthopedic surgeries</b>	Prior authorization required	24365	25441	25442	25444
		25446	25449	27700	29834
		29837	29838	29840	29844
		29845	29846	29847	29891
		29892	29894	29895	29897
		29898	29899		
<b>Orthotics and prosthetics</b>	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
		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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
<b>Orthotics and prosthetics (cont.)</b>	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
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Pain management</b>	Prior authorization required	62350 62362	62351	62360	62361
<b>Prostate procedures</b>	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
<b>Proton beam therapy</b> Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)	Prior authorization required	77520	77522	77523	77525
<b>Radiology</b>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures</p> <ul style="list-style-type: none"> <li>Certain CT, MRI, MRA and PET scans</li> </ul> <p>Nuclear medicine and nuclear cardiology procedures</p>	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> and click on Sign In in the top-right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard, Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UHCprovider.com/MNCCommunityplan &gt; Prior Authorization and Notification Resources &gt; Radiology Prior Authorization and Notification Program</b></p>			
<b>Rhinoplasty</b>	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> 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			
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<b>Spinal surgery</b>	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		

<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone Growth Stimulator</b>			
		E0747	E0748	E0749	
		<b>Neurostimulator</b>			
		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			
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<b>Transplants</b>	Prior authorization required	For transplant and CAR-T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi®, Carvykti™ (ciltacabtagene autoleucel), (Lisocabtagene Maralucel), 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.			
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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*	C9098**	J3490*	J9999**
Q2041	Q2042	Q2053	Q2055

\* For unclassified codes C9076 and J3490 prior authorization is only required for Breyanzi®.  
 \*\*For unclassified codes C9098 and J9999, prior authorization is only required for Carvykti™.

<b>Vein procedures</b> Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780	37799	

<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged heart ventricle 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 <b>855-282-8929</b> .			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	0051T	0052T	0053T
		Q0507	Q0508	Q0509	

<b>Wound vac</b>	Prior authorization required	E2402			
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CPT® is a registered trademark of the American Medical Association



**Procedures and  
Services**

**Additional Information**

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