

# Prior authorization requirements for UnitedHealthcare Community Plan of Nebraska

Effective January 1, 2026

## General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Nebraska 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](https://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](https://UHCprovider.com/access).
- **Phone:** Call 888-702-2202
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms**.

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Behavioral health services</b>	<p>Prior authorization required</p> <p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p>	<p>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.</p> <ul style="list-style-type: none"> <li>• For ABA Therapy, submit via fax or Provider Express</li> </ul>			
<b>Abortion</b>	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Bone growth stimulator</b> Electronic	Prior authorization required	20975			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
stimulation or ultrasound to heal fractures					
<b>BRCA genetic testing</b>	Prior authorization required	81162	81163	81164	81432
<b>Breast reconstruction (non-mastectomy)</b> 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
<b>Cancer supportive services</b>	Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis  *Codes J1442, J1447 J2506, Q5101, Q5108, Q5110, Q5111, Q5120 Q5122 and Q5125 will also require prior authorization for non-oncology DX. See Injectable medications section below.	<b>Injectable colony-stimulating factor drugs that require prior authorization:</b> Q5148 <b>Antiemetic drugs that require prior authorization:</b> J1434 J2468 <b>Eflapegrastim-xnst (Rolvedon®)</b> J1449 <b>Filgrastim (Neupogen®)</b> J1442* <b>Filgrastim-aafi (Nivestym™)</b> Q5110* <b>Filgrastim-ayow, (Releuko®)</b> Q5125* <b>Filgrastim-sndz (Zarxio®)</b> Q5101* <b>Fosaprepitant (Ivemend®)</b> J1456 <b>Pegfilgrastim (Neulasta®)</b> J2506* <b>Pegfilgrastim-apgf (Nyvepria™)</b> Q5122* <b>Pegfilgrastim-bmez (Ziextenzo®)</b> Q5120* <b>Pegfilgrastim-cbqv (UDENYCA™)</b> Q5111* <b>Pegfilgrastim-jmdb (Fulphila™)</b> Q5108* <b>Sargramostim (Leukine®)</b> J2820			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
-------------------------	------------------------	---

Cancer supportive services (cont.)		<b>Tbo-filgrastim (Granix®)</b> J1447*
		<b>Trilaciclib (Cosela™)</b> J1448
		<b><u>Bone-modifying agent that requires prior authorization:</u></b>
		<b>Denosumab (Xgeva®)</b> J0897
		<b><u>Erythropoiesis-Stimulating Agents</u></b> J0885
		Therapeutic Radiopharmaceuticals A9615
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tile on UnitedHealthcare Provider Portal. Go to <b>UHCprovider.com</b> 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 call <b>888-397-8129</b>

Cardiovascular	Prior authorization required	93580**	*Prior authorization not 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
			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		

CPT® is a registered trademark of the American Medical Association.  
PCA-4-25-00846-Clinical-QRG\_04182025



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		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
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		T82.338A T82.898A I73.81	T82.392A I73.00	T82.398A I73.01	T82.399A I73.1
		** Applies to enrollees 18yrs and older			
<b>Cerebral seizure monitoring – inpatient video EEG</b>	Prior authorization required for inpatient services	95700 95714 95720	95711 95715 95722	95712 95716 95724	95713 95718 95726
	Prior authorization is not required for outpatient hospitals or ambulatory surgical centers				
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<b>Injectable chemotherapy drugs that require prior authorization:</b> <ul style="list-style-type: none"> <li>Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640) and Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952)</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>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="https://www.uhcprovider.com">UHCprovider.com</a> 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 call <b>888-397-8129</b></p>			
<b>Cochlear implants and other auditory implants</b>	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
	A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech				
<b>Continuous glucose monitoring</b>	Prior authorization required	A4238 E2102	A4239 E2103	A9274	E0787
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	14020*	14021*	14041

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	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	67900	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function	67901	67902	67903	67904	
	67906	67908	67909	67911	
	67912	67914	67915	67916	
	67917	67921	67922	67923	
	67924	67950	67961	67966	
	Q2026				
*Prior authorization not 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		
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		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Cosmetic and reconstructive (cont.)</b>		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	
<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 \$750	A9900	E0194	E0265	E0266
		E0300	E0328	E0329	E0445
		E0457	E0465	E0466	E0470
		E0471	E0483	E0486	E0636
		E0637	E0652	E0656	E0669
		E0670	E0675	E0693	E0694
		E0745	E0766	E0784	E1003
		E0984	E0986	E1002	E1007
		E1004	E1005	E1006	E1030
		Prosthetics are not DME – see Orthotics and prosthetics.	E1008	E1009	E1010
	E1035		E1161	E1229	E1235
	E1232		E1233	E1234	E1239
	E1236		E1237	E1238	E2228
	E1825		E2100	E2227	E2322
	E2230		E2310	E2311	E2331
	E2325		E2327	E2329	E2511
	E2351		E2373	E2510	E8001
	E2512		E2599	E8000	K0013
	E8002		K0005	K0008	K0822
	K0108	K0812	K0821	K0826	
K0823	K0824	K0825	K0830		
K0827	K0828	K0829	K0850		
K0831	K0848	K0849	K0854		
K0851	K0852	K0853	K0858		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		K0855	K0856	K0857	K0862
		K0859	K0860	K0861	K0869
		K0863	K0864	K0868	K0878
		K0870	K0871	K0877	K0885
		K0879	K0880	K0884	K0886
		K0890	K0891	S1040	
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4155	B9002	B9998	
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65767
		66180	A4226	A4638	E1831
		S0810	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	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic Testing</b>	Prior authorization required	81228	81229	81277	81349
		81400	81401	81402	81403
		81404	81405	81406	81407
		81408	81410	81411	81412
		81413	81414	81415	81416
		81417	81425	81426	81427
		81431	81435	81437	81439
		81440	81441	81443	81445
		81448	81449	81450	81451
		81463	81455	81460	81462
		81479	81464	81465	81471
		81521	81518	81519	81520
		81542	81522	81523	81541
		87505	81552	81595	81599
		0022U	87506	87507	0018U
		0047U	0023U	0026U	0037U
		0087U	0048U	0050U	0055U
		0102U	0088U	0094U	0101U
		0118U	0103U	0111U	0114U
		0171U	0129U	0154U	0170U
0211U	0172U	0179U	0209U		
0215U	0212U	0213U	0214U		
0233U	0216U	0217U	0218U		



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Genetic Testing (cont.)</b>		0242U	0237U	0238U	0239U
		0252U	0244U	0245U	0250U
		0262U	0253U	0258U	0260U
		0270U	0265U	0268U	0269U
		0274U	0271U	0272U	0273U
		0282U	0276U	0277U	0278U
		0289U	0285U	0286U	0288U
		0293U	0290U	0291U	0292U
		0318U	0294U	0306U	0307U
		0334U	0319U	0320U	0326U
		0364U	0339U	0340U	0355U
		0389U	0378U	0379U	0388U
		0409U	0391U	0395U	0398U
		0437U	0417U	0425U	0426U
		0471U	0444U	0449U	0465U
	S3854	0473U	0474U	0475U	
		S3865	S3870		
<b>Home health services</b>	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
		S9976			
<b>Hospice</b>	Prior authorization required	T2042	T2043	T2044	T2045
<b>Hysterectomy</b>	Prior authorization required	58150	58152	58260	58262
		58263	58267	58270	58275
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
	58573				
<b>Injectable medications</b>	Prior authorization required*	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0801			
		<b>Adakveo®</b>			
		J0791			
		<b>Adzynma</b>			
		J7171			
		<b>Aldurazyme®</b>			
		J1931			
<b>Alhemo</b>					
J7173					
<b>Amondys 45</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	J1426				
	<b>Amvuttra™</b>				
	J0225				
	<b>Aralast® NP</b>				
	J0256				
	<b>Avsola™</b>				
	Q5121				
	<b>Avtozma</b>				
	Q5156				
	<b>Azmiro</b>				
	J1072				
	<b>Benlysta</b>				
	J0490				
	<b>Beovu</b>				
	J0179				
	<b>Beqvez™</b>				
	J1414				
	<b>Berinert®</b>				
	J0597				
	<b>Bkemv</b>				
	Q5152				
	<b>Botulinum toxins</b>				
	J0585	J0586	J0587	J0588	J0588
	<b>Brineura™</b>				
	J0567				
	<b>Briumvi®</b>				
	J2329				
	<b>Byooviz™</b>				
	Q5124				
	<b>Cenexence</b>				
	Q5158				
	<b>Cerezyme®</b>				
	J1786				
	<b>Cimerli®</b>				
	Q5128				
	<b>Cimzia®</b>				
	J0717				
	<b>Cinqair®</b>				
	J2786				
	<b>Cinryze®</b>				
J0598					
<b>Cortrophin™ Gel</b>					
J0802					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		<b>Cosentyx IV</b> J3247
		<b>Cryvista®</b> J0584
		<b>Cutaquig®</b> J1551
		<b>Daxxify</b> J0589
		<b>Elaprase®</b> J1743
		<b>Elelyso®</b> J3060
		<b>Elevidys®</b> J1413
		<b>Elfabrio®</b> J2508
		<b>Encelto</b> J3403
		<b>Enjaymo</b> J1302
		<b>Entyvio®</b> J3380
		<b>Epysqli</b> Q5151
		<b>Evenity™</b> J3111
		<b>Evkeeza™</b> J1305
		<b>Exondys 51™</b> J1428
		<b>Eylea</b> J0178
		<b>Eylea HD</b> J0177
		<b>Fabrazyme®</b> J0180
		<b>Fasenra™</b> J0517
		<b>Feraheme®</b> Q0138
		<b>Fensolvi®</b> J1951
		<b>Firmagon®</b>

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	J9155				
	<b>Fynetra®</b>				
	Q5130				
	<b>Gamifant™</b>				
	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Glassia®</b>				
	J0257				
	<b>Hemgenix®</b>				
	J1411				
	<b>Hemlibra</b>				
	J7170				
	<b>Hypavzi</b>				
	J7172				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Imuldosa IV</b>				
	Q5098				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90284	J1459	J1552	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
	<b>Izervay</b>				
	J2782				
	<b>Jubbonti-Wyost</b>				
	Q5136				
	<b>Kalbitor®</b>				
	J1290				
	<b>Kanuma®</b>				
	J2840				
<b>Kisunla</b>					
J0175					
<b>Korsuva</b>					
J0879					
<b>Krystexxa®</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J2507 <b>Lamzede®</b>
		J0217 <b>Lanreotide</b>
		J1932 <b>Lemtrada®</b>
		J0202 <b>Leqembi®</b>
		J0174 <b>Leqvio</b>
		J1306 <b>Lucentis</b>
		J2778 <b>Lumizyme®</b>
		J0221 <b>Lupron Depot®*</b>
		J1950 <b>Lupron Depot, Eligard®*</b>
		J9217 <b>Lutrate Depot</b>
		J1954 <b>Luxturna™</b>
		J3398 <b>Mepsevii®</b>
		J3397 <b>Monoferric®</b>
		J1437 <b>Naglazyme®</b>
		J1458 <b>Nexviazyme®,</b>
		J0219 <b>Niktimvo</b>
		J9038 <b>Nplate®</b>
		J2802 <b>Nucala®</b>
		J2182 <b>Nulibry</b>
		J1809 <b>Nypozi</b>
		Q5148 <b>Ocrevus™</b>
		J2350

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		<b>Ocrevus Zunovo</b> J2351
		<b>Octreotide Acetate</b> J2354
		<b>OmvoH IV</b> J2267
		<b>Onpattro™</b> J0222
		<b>Orencia®</b> J0129
		<b>OtulfI IV</b> Q9999
		<b>Oxlumo™</b> J0224
		<b>Panzyga®</b> J1576
		<b>Parsabiv™</b> J0606
		<b>Pavblu</b> Q5147
		<b>PiaSky</b> J1307
		<b>Pombiliti</b> J1203
		<b>Prolastin-C®</b> J0256
		<b>Prolia®</b> J0897
		<b>Pyzchiva IV</b> Q9997
		<b>Qalsody®</b> J1304
		<b>Qfitlia</b> J7174
		<b>Radicava®</b> J1301
		<b>Reblozyl®</b> J0896
		<b>Releuko®</b> Q5125
		<b>Remicade®</b> J1745
		<b>Renflexis®</b>

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
<b>Injectable medications (cont.)</b>		Q5104 <b>Revcovi®</b> J3590 <b>Riabni™</b> Q5123 <b>Rituxan®</b> J9312 <b>Rituxan Hycela®</b> J9311 <b>Roctavian</b> J1412 <b>Rolvedon™</b> J1449 <b>Ruconest®</b> J0596 <b>Ruxience®</b> Q5119 <b>Ryplazim®</b> J2998 <b>Rystiggo</b> J9333 <b>Sandostatin® LAR</b> J2353 <b>Saphnelo™</b> J0491 <b>Scenesse®</b> J7352 Selarsdi Q9998 <b>Signifor® LAR</b> J2502 <b>Simponi Aria®</b> J1602 <b>Skyrizi®</b> J2327 <b>Soliris®</b> J1299 <b>Somatuline® Depot</b> J1930 <b>Spinraza™</b> J2326 <b>Spevigo®</b> J1747

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>	<b>Stelara®</b>				
	J3358				
	<b>Steqeyma IV</b>				
	Q5099				
	<b>Stimufend®</b>				
	Q5127				
	<b>Stoboclo</b>				
	Q5157				
	<b>Supprelin® LA</b>				
	J9226				
	<b>Susvimo™</b>				
	J2779				
	<b>Syfovre™</b>				
	J2781				
	<b>Synagis®</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire</b>				
	J2356				
	<b>Therapeutic Radiopharmaceuticals</b>				
	A9513	A9590	A9606	A9607***	
	A9699				
	<b>Tofidence</b>				
	Q5133				
	<b>Trelstar®</b>				
	J3315				
	<b>Tremfya IV</b>				
	J1628				
	<b>Triptodur®</b>				
	J3316				
	<b>Truxima®</b>				
	Q5115				
	<b>Tyenne</b>				
	Q5135				
	<b>Tzield®</b>				
	J9381				
	<b>Unclassified and temporary codes**</b>				
	C9399	J3490	J3590		
	<b>Ultomiris™</b>				
	J1303				
	<b>Uplizna®</b>				
	J1823				



Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
-------------------------	------------------------	---	--	--	--

Injectable medications (cont.)	<b>Vabysmo</b>				
	J2777				
	<b>Veopoz</b>				
	J9376				
	<b>Viltepso™</b>				
	J1427				
	<b>Vimizim®</b>				
	J1322				
	<b>Vyepti™</b>				
	J3032				
	<b>Vyjuvek™</b>				
	J3401				
	<b>Vyondys 53®</b>				
	J1429				
	<b>Vyvgart</b>				
	J9332				
	<b>Vyvgart Hytrulo</b>				
	J9334				
	Wezlana IV				
	Q5138				
	<b>White blood cell colony stimulating factors</b>				
	J1442	J1447	J2506	Q5101	
	Q5108	Q5110	Q5111	Q5120	
	Q5122				
	<b>Xembify®</b>				
	J1558				
	<b>Xenpozyme™</b>				
	J0218				
	<b>Xolair®</b>				
	J2357				
	<b>Yesintek IV</b>				
	Q5100				
	<b>Zoladex®</b>				
J9202					
<b>Zemaira®</b>					
J0256					
<b>Zolgensma®</b>					
J3399					
<b>Zynteglo</b>					
J3393					

\*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		<p>UnitedHealthcare Provider Portal. Go to <a href="https://uhcprovider.com">UHCprovider.com</a> 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 call 888-397-8129.</p> <p>** For Unclassified and temporary codes, C9399, J3490 and J3590, prior authorization is only required for Kabilidi, Rivfloza and Starjemza</p> <p>***Prior authorization is required for A9607</p> <p>Please check our <b>Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy</b> for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The <b>Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy</b>.</p>			
<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	S2112	
<b>Non-emergent air ambulance transport</b>	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
<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
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization required only for orthotics and prosthetic codes	L0112	L0456	L0462	L0464
		L0480	L0482	L0484	L0486
		L0629	L0631	L0636	L0637

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)	listed with a retail purchase or cumulative rental cost of more than \$750	L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1840
		L1844	L1846	L1860	L1945
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2108	L2126	L2136
		L2350	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3730	L3740	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5500	L5505	L5510	L5520
		L5530	L5535	L5540	L5560
		L5570	L5580	L5585	L5590
		L5595	L5600	L5610	L5613
		L5614	L5616	L5639	L5643
		L5647	L5649	L5651	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780
		L5795	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5845	L5848	L5930
		L5950	L5960	L5961	L5964
		L5966	L5968	L5979	L5980
		L5981	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		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L6582	L6584	L6586	L6588
		L6590	L6624	L6693	L6696
		L6697	L6707	L6708	L6709
		L6712	L6713	L6714	L6881
		L6900	L6905	L6910	L6915
		L8040	L8042	L8043	L8044
		L8045	L8046	L8047	L8499
<b>Outpatient therapy</b>	Prior authorization required	92507	92508	92526	92607
		92608	92609	92700	97012
		97014	97016	97018	97022
		97024	97026	97028	97032
		97033	97034	97035	97036
		97039	97110	97112	97113
		97116	97124	97139	97140
		97150	97530	97750	97755
	97761	97799			
<b>Private duty nursing</b>	Prior authorization required	T1000	T1003	T1022	T2027
<b>Prostate procedures</b>	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31298			
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	95782
		95783	95805	95807	95808
		95810	95811		
<b>Specialized pediatric facility-based care</b>	Prior authorization required	T1024			
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
<b>Spinal surgery (cont.)</b>		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	63200
		63250	63251	63252	63265
	63267	63268	63270	63271	
	63272	63286	63300	63301	
	63302	63303	63304	63305	
	63306	63307	63308	93850	
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-Cell therapy services including <b>Abecma</b> ® (Idecaptagene Cicleucel), <b>Breyanzi</b> ® (Lisocabtagene), <b>Kymriah</b> ™ (tisagenlecleucel) <b>Kymriah</b> ™ (tisagenlecleucel), <b>Tecartus</b> ™ (brexucabtagene autoleucel) and <b>Yescarta</b> ™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization				
<b>Transplants (cont.)</b>		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	S2152		
		<b>CAR T-Cell therapy</b>				
		J9999**	Q2041	Q2042	Q2053	
	Q2054	Q2055	Q2056	Q2057		
	<b>Gene Therapy</b>					
	C9399***	J3391	J3392	J3393		
	J3394	J3402	J3490***	J3590***		
	Q2058					
	*Code 38232 will only require prior authorization for an oncology diagnosis					
	*** For unclassified codes C9399, J3490 and J3590 Amtagvi, Lantidra, Skysona™, Zynteglo™ and Zevaskyn™ will require prior authorization through Optum Transplant.					
<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	36473	36475	36478	37700	
		37718	37722	37765	37766	
		37780				
<b>Ventricular assist devices (VAD)</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required	Please call the notification number on the 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> .				
		33975	33976	33979	33981	
		33982	33983			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
<b>Wound vac</b>	Prior authorization required	E2402