Prior authorization requirements for UnitedHealthcare Community Plan of Nebraska

Effective October 1, 2025

General Information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Kentucky 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**
- **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			
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. • For ABA Therapy, submit via fax or Provider Express			
Abortion	Prior authorization required	59840 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975			

United Healthcare Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
BRCA genetic testing	Prior authorization required	81162	81163	81164	81432
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 services	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.	**Injectable colony-stimulating factor drugs that require prior authorization:** **Eflapegrastim-xnst (Rolvedon®)** **J1449** **Filgrastim (Neupogen®)** J1442* **Filgrastim-aafi (Nivestym™)** Q5110* **Filgrastim-ayow, (Releuko®)** Q5125* **Filgrastim-sndz (Zarxio®)** Q5101* **Fosaprepitant (Ivemend®)** J1456 **Pegfilgrastim (Neulasta®)** J2506* **Pegfilgrastim-apgf (Nyvepria™)** Q5122* **Pegfilgrastim-bmez (Ziextenzo®)** Q5120* **Pegfilgrastim-cbqv (UDENYCA™)** Q5111* **Pegfilgrastim-jmdb (Fulphila™)** Q5108* **Sargramostim (Leukine®)** J2820 **Tbo-filgrastim (Granix®)** J1447* **Trilaciclib (Cosela™)** J1448 **<u>Bone-modifying agent that requires prior authorization:</u>** **Denosumab (Xgeva®)**		

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Cancer supportive services (cont.)		J0897 **Erythropoiesis-Stimulating Agents** J0885 For prior authorization, please submit requests online by using the Prior Authorization and Notification tile on UnitedHealthcare Provider Portal. 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 call **888-397-8129**
Cardiovascular	Prior authorization required	37220* 37221* 37224* 37225* 37226* 37227* 37228* 37229* 37230* 37231* 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 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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cardiovascular (cont.)		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
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
		** Applies to enrollees 18yrs and older			
Cerebral seizure monitoring – inpatient	Prior authorization required for inpatient	95700	95711	95712	95713

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
video EEG	services Prior authorization is not required for outpatient hospitals or ambulatory surgical centers	95714 95720	95715 95722	95716 95724	95718 95726
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) and Levoleucovorin (J0641, J0642), Leuprolide acetate (J1950), Leuprolide (J1952) • 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 For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. 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 call **888-397-8129**			
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitoring	Prior authorization required	A4238 E2102	A4239 E2103	A9274	E0787
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960 14060 15821 15847 17106 21137 21175 21182	14020* 14061* 15822 15877 17107 21138 21179 21183	14021* 14301 15823 15878 17108 21139 21180 21184	14041 15820 15830 15879 17999 21172 21181 21230

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		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	
Durable medical equipment (DME)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than $750 Prosthetics are not DME – see Orthotics and prosthetics.	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
		E1008	E1009	E1010	E1231
		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
		K0855	K0856	K0857	K0862
		K0859	K0860	K0861	K0869
		K0863	K0864	K0868	K0878
		K0870	K0871	K0877	K0885
		K0879	K0880	K0884	K0886
		K0890	K0891	S1040	
Enteral services	Prior authorization	B4155	B9002	B9998	

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
In-home nutritional therapy, either enteral or through a gastrostomy tube	required				
Experimental and investigational (and/or linked services)	Prior authorization required	33477 66180 S0810 S9991	36514 A4226 S2102	64722 A4638 S9988	65767 E1831 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
Genetic Testing	Prior authorization required	81228 81400 81404 81408 81413 81417 81431 81440 81448 81463 81479 81521 81542 87505 0022U 0047U 0087U 0102U 0118U 0171U 0211U 0215U 0233U 0242U 0252U 0262U 0270U 0274U 0282U 0289U	81229 81401 81405 81410 81414 81425 81435 81441 81449 81455 81464 81518 81522 81552 87506 0023U 0048U 0088U 0103U 0129U 0172U 0212U 0216U 0237U 0244U 0253U 0265U 0271U 0276U 0285U	81277 81402 81406 81411 81415 81426 81437 81443 81450 81460 81465 81519 81523 81595 87507 0026U 0050U 0094U 0111U 0154U 0179U 0213U 0217U 0238U 0245U 0258U 0268U 0272U 0277U 0286U	81349 81403 81407 81412 81416 81427 81439 81445 81451 81462 81471 81520 81541 81599 0018U 0037U 0055U 0101U 0114U 0170U 0209U 0214U 0218U 0239U 0250U 0260U 0269U 0273U 0278U 0288U

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Genetic Testing (cont.)		0293U 0318U 0334U 0364U 0389U 0409U 0437U 0471U S3854	0290U 0294U 0319U 0339U 0378U 0391U 0417U 0444U 0473U S3865	0291U 0306U 0320U 0340U 0379U 0395U 0425U 0449U 0474U S3870	0292U 0307U 0326U 0355U 0388U 0398U 0426U 0465U 0475U
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156 G0493 S9122 S9976	G0162 G0494 S9123	G0299 G0495 S9124	G0300 G0496 S9474
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
Hysterectomy	Prior authorization required	58150 58263 58290 58543 58553 58573	58152 58267 58291 58544 58570	58260 58270 58292 58550 58571	58262 58275 58542 58552 58572
Injectable medications	Prior authorization required*	**Actemra®** J3262 **Acthar®** J0801 **Adakveo®** J0791 **Adzynma** J7171 **Aldurazyme®** J1931 **Alhemo** J7173 **Amondys 45** J1426 **Amvuttra™** J0225 **Aralast® NP** J0256 **Avsola™** Q5121			

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Azmiro** J1072 **Benlysta** J0490 **Beovu** J0179 **Beqvez™** J1414 **Berinert®** J0597 **Bkemv** Q5152 **Botulinum toxins** J0585 J0586 J0587 J0588 **Brineura™** J0567 **Briumvi®** J2329 **Byooviz™** Q5124 **Cerezyme®** J1786 **Cimerli®** Q5128 **Cimzia®** J0717 **Cinqair®** J2786 **Cinryze®** J0598 **Cortrophin™ Gel** J0802 **Cosentyx IV** J3247 **Cryvista®** J0584 **Cutaquig®** J1551 **Daxxify** J0589 **Elaprase®** J1743 **Elelyso®**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J3060 **Elevidys®** J1413 **Elfabrio®** J2508 **Encelto** J3403 **Enjaymo** J1302 **Entyvio®** J3380 **Epysqli** Q5151 **Evenity™** J3111 **Evkeeza™** J1305 **Exondys 51™** J1428 **Eylea** J0178 **Eylea HD** J0177 **Fabrazyme®** J0180 **Fasenra™** J0517 **Feraheme®** Q0138 **Fensolvi®** J1951 **Firmagon®** J9155 **Fylnetra®** Q5130 **Gamifant™** J9210 **Givlaari®** J0223 **Glassia®** J0257 **Hemgenix®** J1411

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Hemlibra** J7170 **Hympavzi** J7172 **Ilaris®** J0638 **Ilumya™** J3245 **Imuldosa IV** Q5098 **Inflectra®** Q5103 **Injectafer®** J1439 **IVIG** 90284 J1459 J1552 J1554 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 **Izervay** J2782 **Jubbonti-Wyost** Q5136 **Kalbitor®** J1290 **Kanuma®** J2840 **Kisunla** J0175 **Korsuva** J0879 **Krystexxa®** J2507 **Lamzede®** J0217 **Lanreotide** J1932 **Lemtrada®** J0202 **Leqembi®** J0174 **Leqvio** J1306

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Lucentis** J2778 **Lumizyme®** J0221 **Lupron Depot®*** J1950 **Lupron Depot, Eligard®*** J9217 **Lutrate Depot** J1954 **Luxturna™** J3398 **Mepsevii®** J3397 **Monoferric®** J1437 **Naglazyme®** J1458 **Nexviazyme®,** J0219 **Niktimvo** J9038 **Nplate®** J2802 **Nucala®** J2182 **Nulibry** J1809 **Nypozi** Q5148 **Ocrevus™** J2350 **Ocrevus Zunovo** J2351 **Octreotide Acetate** J2354 **Omvoh IV** J2267 **Onpattro™** J0222 **Orencia®** J0129 **Otulfi IV**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		Q9999 **Oxlumo™** J0224 **Panzyga®** J1576 **Parsabiv™** J0606 **Pavblu** Q5147 **PiaSky** J1307 **Pombiliti** J1203 **Prolastin-C®** J0256 **Prolia®** J0897 **Pyzchiva IV** Q9997 **Qalsody®** J1304 **Qfitlia** J7174 **Radicava®** J1301 **Reblozyl®** J0896 **Releuko®** Q5125 **Remicade®** J1745 **Renflexis®** Q5104 **Revcovi®** J3590 **Riabni™** Q5123 **Rituxan®** J9312 **Rituxan Hycela®** J9311 **Roctavian** J1412

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		**Rolvedon™** J1449 **Ruconest®** J0596 **Ruxience®** Q5119 **Ryplazim®** J2998 **Rystiggo** J9333 **Sandostatin® LAR** J2353 **Saphnelo™** J0491 **Scenesse®** J7352 Selarsdi Q9998 **Signifor® LAR** J2502 **Simponi Aria®** J1602 **Skyrizi®** J2327 **Sodium Hyaluronate** J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 J7331 J7332 **Soliris®** J1299 **Somatuline® Depot** J1930 **Spinraza™** J2326 **Spevigo®** J1747 **Stelara®** J3358 **Steqeyma IV** Q5099 **Stimufend®** Q5127 **Supprelin® LA**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		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 **Truxima®** Q5115 **Tyenne** Q5135 **Tzield®** J9381 **Unclassified and temporary codes**** C9399 J3490 J3590 **Ultomiris™** J1303 **Uplizna®** J1823 **Vabysmo** J2777 **Veopoz** J9376 **Viltepso™** J1427 **Vimizim®** J1322 **Vyepti™**

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Injectable medications (cont.)		J3032 **Vyjuvek™** J3401 **Vyondys 53®** J1429 **Vyvgart** J9332 **Vyvgart Hytrulo** J9334 Wezlana IV Q5138 **White blood cell colony stimulating factors** J1442 J1447 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 **Xembify®** J1558 **Xenpozyme™** J0218 **Xolair®** J2357 **Yesintek IV** Q5100 **Zoladex®** J9202 **Zemaira®** J0256 **Zolgensma®** J3399 **Zynteglo** J3393 *For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. 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 call 888-397-8129. ** For Unclassified and temporary codes, C9399, J3490 and J3590, prior authorization is only required for Rivfloza

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Injectable medications (cont.)		***Prior authorization is required for A9607 Please check our **Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug 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 – Community Plan Medical Benefit Drug Policy**.			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27130 27138 27486 29868	23472 24361 24371 27132 27412 27487 J7330	23473 24362 27120 27134 27446 29866 S2112	23474 24363 27125 27137 27447 29867
Non-emergent air ambulance transport	Prior authorization required	A0430 S9960	A0431 S9961	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than $750	L0112 L0480 L0629 L0638 L0810 L1000 L1310 L1700 L1755 L1844 L2000 L2030	L0456 L0482 L0631 L0640 L0820 L1005 L1499 L1710 L1820 L1846 L2005 L2034	L0462 L0484 L0636 L0700 L0830 L1200 L1680 L1720 L1832 L1860 L2010 L2036	L0464 L0486 L0637 L0710 L0859 L1300 L1685 L1730 L1840 L1945 L2020 L2037

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
		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
Outpatient therapy	Prior authorization required	92507	92508	92526	92607
		92608	92609	92700	97012

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Outpatient therapy (cont.)		97014 97024 97033 97039 97116 97150 97761	97016 97026 97034 97110 97124 97530 97799	97018 97028 97035 97112 97139 97750	97022 97032 97036 97113 97140 97755
Private duty nursing	Prior authorization required	T1000 T2027* *CRCC only	T1002	T1003	T1022
Prostate procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31298			
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685 95783 95810	41599 95805 95811	42145 95807	95782 95808
Specialized pediatric facility-based care	Prior authorization required	T1024			
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 22861 63005 63016	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819 22852 22899 63011 63017	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63001 63012 63020	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003 63015 63030

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization			
Spinal surgery (cont.)		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
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	L8680	L8682	L8685
		L8686	L8687	L8688	
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including **Abecma®** (Idecaptagene Cicleucel), **Breyanzi®** (Lisocabtagene), Kymriah™ (tisagenlecleucel) **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

Procedures and services	Additional information	CPT® or HCPCS codes and how to obtain prior authorization
Transplants (cont.)		50325 50340 50360 50365 50370 50547 S2152 **CAR T-Cell therapy** J9999** Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 **Gene Therapy** 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.
Vein procedures 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
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.** 33975 33976 33979 33981 33982 33983
Wound vac	Prior authorization required	E2402