

Prior Authorization Requirements for Nebraska Medicaid

Effective April 1, 2022

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Nebraska 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 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.
- **Phone:** 866-604-3267

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.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or 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. <ul style="list-style-type: none"> • 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			
BRCA genetic testing	Prior authorization required	81162 81166 81217	81163 81212 81432	81164 81215 81433	81165 81216
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600	19328 19350 19367 19371

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																															
Cancer supportive services	<p>Prior authorization required for colony-stimulating factor drugs and bone-modifying agents 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>Injectable colony-stimulating factor drugs that require prior authorization:</p> <p>Filgrastim (Neupogen®) J1442*</p> <p>Filgrastim-aafi (Nivestym™) Q5110*</p> <p>Filgrastim-sndz (Zarxio®) Q5101*</p> <p>Pegfilgrastim (Neulasta®) J2506*</p> <p>Pegfilgrastim-apgf (Nyvepria™) Q5122*</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111*</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108*</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447*</p> <p>Trilaciclib (Cosela™) J1448</p> <p>Bone-modifying agent that requires prior authorization:</p> <p>Denosumab (Xgeva®) J0897</p> <p>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</p>																															
Cardiovascular	Prior authorization required	37220 37226 75710*	37221 37227 75716*	37224 37228	37225 37229																												
		<p>*Prior authorization required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.51</td> <td>E08.52</td> <td>E08.59</td> <td>E08.621</td> </tr> <tr> <td>E09.51</td> <td>E09.52</td> <td>E09.59</td> <td>E09.621</td> </tr> <tr> <td>E10.51</td> <td>E10.52</td> <td>E10.59</td> <td>E10.621</td> </tr> <tr> <td>E11.51</td> <td>E11.52</td> <td>E11.59</td> <td>E11.621</td> </tr> <tr> <td>E13.51</td> <td>E13.52</td> <td>E13.59</td> <td>E13.621</td> </tr> <tr> <td>I70.201</td> <td>I70.202</td> <td>I70.203</td> <td>I70.208</td> </tr> <tr> <td>I70.209</td> <td>I70.211</td> <td>I70.212</td> <td>I70.213</td> </tr> </table>				E08.51	E08.52	E08.59	E08.621	E09.51	E09.52	E09.59	E09.621	E10.51	E10.52	E10.59	E10.621	E11.51	E11.52	E11.59	E11.621	E13.51	E13.52	E13.59	E13.621	I70.201	I70.202	I70.203	I70.208	I70.209	I70.211	I70.212	I70.213
E08.51	E08.52	E08.59	E08.621																														
E09.51	E09.52	E09.59	E09.621																														
E10.51	E10.52	E10.59	E10.621																														
E11.51	E11.52	E11.59	E11.621																														
E13.51	E13.52	E13.59	E13.621																														
I70.201	I70.202	I70.203	I70.208																														
I70.209	I70.211	I70.212	I70.213																														

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.218	I70.219	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	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	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	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	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	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	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	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		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	
	I70.691	I70.692	I70.693	I70.698	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (continued)		I70.699	I70.701	I70.702	I70.703	
		I70.708	I70.709	I70.711	I70.712	
		I70.713	I70.718	I70.719	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	I70.791	
		I70.792	I70.793	I70.798	I70.799	
		I70.8	I70.90	I70.91	I70.92	
		I72.3	I72.4	I72.8	I72.9	
		I73.89	I73.9	I74.3	I74.4	
		I74.5	I74.8	I74.9	I75.021	
		I75.022	I75.023	I75.029	I75.89	
		I77.1	I77.2	I77.70	I77.72	
		I77.77	I77.79	I96	L03.115	
		L03.116	L97.319	L97.329	L97.419	
		L97.429	L97.511	L97.512	L97.513	
		L97.519	L97.521	L97.522	L97.529	
		L97.819	L97.828	L97.829	L97.909	
		L97.919	L97.929	L98.491	L98.499	
		M79.604	M79.605	M79.606	M79.609	
		M79.651	M79.652	M79.659	M79.661	
		M79.662	M79.669	M79.671	M79.672	
		M79.673	M79.674	M79.675	M79.676	
		M86.661	M86.662	M86.669	M86.671	
		M86.672	M86.679	M86.8X7	Q27.30	
		Q27.32	Q27.39	Q27.8	Q27.9	
		Q87.2	R93.6	S35.511A	S35.512A	
		S81.801A	S81.802A	S81.809A	S91.301A	
		S91.302A	S91.309A	T82.312A	T82.318A	
		T82.319A	T82.338A	T82.392A	T82.398A	
		T82.399A	T82.818A	T82.856A	T82.858A	
		T82.868A	T82.898A	Z95.820	Z98.62	
	Cerebral seizure monitoring – inpatient video EEG	Prior authorization required for inpatient services	95700	95711	95712	95713
		Prior authorization is not required for outpatient hospitals or ambulatory surgical centers	95714	95715	95716	95718
			95720	95722	95724	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:			
			<ul style="list-style-type: none"> 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 			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Chemotherapy (continued)

received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code

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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	69714	69930	L8614
		L8619	L8690	L8691	L8692

Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization required	11960	11971	14020	14021
		14041	14060	14061	14301
		15820	15821	15822	15823
		15830	15847	15877	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	67901
		67902	67903	67904	67906
		67908	67909	67911	67912
		67914	67915	67916	67917
		67921	67922	67923	67924
67950	67961	67966	Q2026		

Durable medical equipment (DME)	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	
		Prosthetics are not DME – see Orthotics and prosthetics.	E0670	E0675	E0693	E0694
			E0745	E0766	E0784	E0787
			E0984	E0986	E1002	E1003
			E1004	E1005	E1006	E1007
			E1008	E1009	E1010	E1030
	E1035		E1161	E1229	E1231	
	E1232		E1233	E1234	E1235	
	E1236		E1237	E1238	E1239	
	E1825		E2100	E2227	E2228	
	E2230		E2310	E2311	E2322	
	E2325	E2327	E2329	E2331		



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		E2351	E2373	E2510	E2511
		E2512	E2599	E8000	E8001
		E8002	K0005	K0008	K0013
		K0108	K0812	K0821	K0822
		K0823	K0824	K0825	K0826
		K0827	K0828	K0829	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		
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4155	B9002	B9998	
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65767
		66180	0191T	A4226	A4638
		A9274	E1831	S0810	S2102
		S9988	S9990	S9991	
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Home health services	Prior authorization required only in outpatient settings, to include member's home	G0156	G0162	G0299	G0300
		G0493	G0494	G0495	G0496
		S9122	S9123	S9124	S9474
		T1022			
Hospice	Prior authorization required	T2042	T2043	T2044	T2045
Hysterectomy	Prior authorization required	58150	58152	58260	58262
		58263	58267	58270	58275
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
Injectable medications	Prior authorization required	Actemra®			
		J3262			
		Acthar®			
		J0800			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Adakveo®				
	J0791				
	Aldurazyme®				
	J1931				
	Amondys 45				
	J1426				
	Aralast® NP				
	J0256				
	Avsola™				
	Q5121				
	Benlysta				
	J0490				
	Berinert®				
	J0597				
	Botulinum toxins				
	J0585	J0586	J0587	J0588	
	Brineura™				
	J0567				
	Cabenuva™				
	J0741				
	Cerezyme®				
	J1786				
	Cimzia®				
	J0717				
	Cinqair®				
	J2786				
	Cinryze®				
	J0598				
	Cryvista®				
	J0584				
	Elaprase®				
	J1743				
	Elelyso®				
	J3060				
	Entyvio®				
	J3380				
	Erythropoiesis Stimulating Agents****				
	J0885				
Evenity™					
J3111					
Evkeeza™					
J1305					
Exondys 51™					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)	J1428			
	Fabrazyme®			
	J0180			
	Fasenra™			
	J0517			
	Feraheme®			
	Q0138			
	Fensolvi®			
	J1951			
	Firmagon®			
	J9155			
	Gamifant™			
	J9210			
	Givlaari®			
	J0223			
	Glassia®			
	J0257			
	Ilaris®			
	J0638			
	Ilumya™			
	J3245			
	Inflectra®			
	Q5103			
	Injectafer®			
	J1439			
	IVIG			
	90284	J1459	J1554	J1555
	J1556	J1557	J1559	J1561
	J1566	J1568	J1569	J1572
	J1575	J1599		
	Kalbitor®			
	J1290			
	Kanuma®			
	J2840			
	Krystexxa®			
	J2507			
	Lemtrada®			
	J0202			
Lumizyme®				
J0221				
Lupron Depot®*				
J1950				
Lupron Depot, Eligard®*				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)	J9217		
	Luxturna™		
	J3398		
	Makena®		
	J1726		J1729 J2675
	Mepsevii®		
	J3397		
	Monoferric®		
	J1437		
	Naglazyme®		
	J1458		
	Nexviazyme® ,		
	J0219		
	Nplate®		
	J2796		
	Nucala®		
	J2182		
	Ocrevus™		
	J2350		
	Octreotide Acetate		
	J2354		
	Onpattro™		
	J0222		
	Orencia®		
	J0129		
	Oxlumo™		
	J0224		
	Parsabiv™		
	J0606		
	Probuphine®		
J0570			
Prolastin-C®			
J0256			
Radicava®			
J1301			
Reblozyl®			
J0896			
Remicade®			
J1745			
Renflexis®			
Q5104			
Revcovi®**			
J3590			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Riabni™				
	Q5123				
	Rituxan®				
	J9312				
	Rituxan Hycela®				
	J9311				
	Ruconest®				
	J0596				
	Ruxience®				
	Q5119				
	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					
Tepezza®					
J3241					
Therapeutic Radiopharmaceuticals***					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	A9513	A9590	A9606	A9699	
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Trogarzo™				
	J1746				
	Truxima®				
	Q5115				
	Unclassified and temporary codes**				
	C9090	C9399	J3490	J3590	
	Ultomiris™				
	J1303				
	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				
	Xembify®				
	J1558				
	Xolair®				
	J2357				
Zoladex®					
J9202					
Zemaira®					
J0256					
Zolgensma®					
J3399					
<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is</p>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)		<p>available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Synagis through OptumRx prior notifications services at 800-310-6826</p> <p>** For Unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is only required for Cutaquig® and Lupaneta Pack™, Nulibry™ and Ryplazm®</p> <p>***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</p> <p>****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.</p> <p>For oncology DX please see Cancer supportive care section above.</p> <p>For non-oncology DX submit online at UHCProvider.com> UnitedHealthcare Provider Portal >Prior Authorization and Notification tool on your Provider Portal dashboard or call 877-842-3210</p> <p>***** For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis</p>			
Joint replacement	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		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	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative	L0112	L0456	L0462	L0464
		L0480	L0482	L0484	L0486
		L0629	L0631	L0636	L0637

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	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/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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
		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			
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Prostate Procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
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	41599	42145	
Specialized pediatric facility-based care	Prior authorization required	T1024			
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (continued)		22850	22852	22855	22856
		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	93850		
Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		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	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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Transplants (cont.)		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	S2152
		CAR T-Cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055			
		*Code 38232 will only require prior authorization for an oncology diagnosis			
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		
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 ventricle of the heart and restores normal blood flow		33975	33976	33979	33981
		33982	33983		
Wound vac	Prior authorization required	E2402			